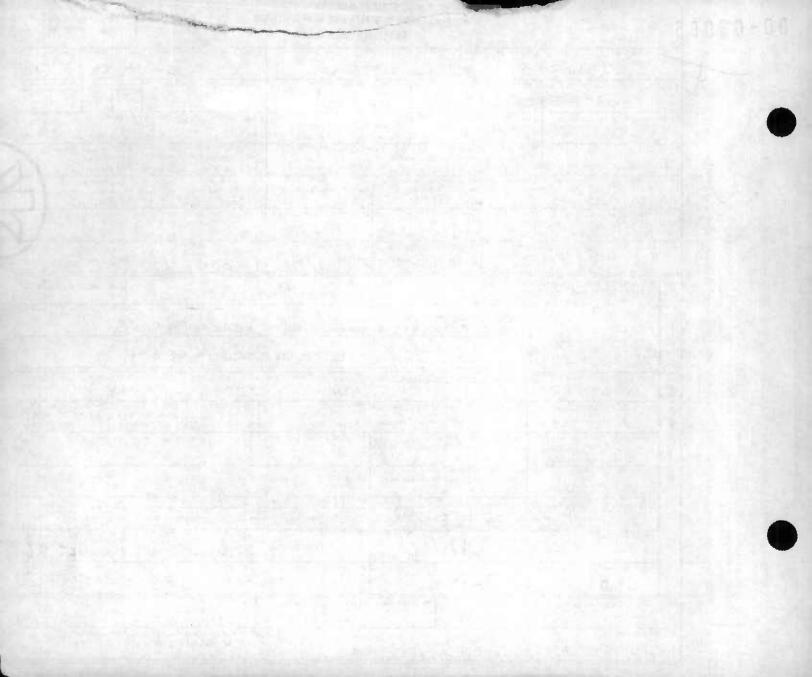
	_ FOR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY	(GIENE
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AND 23	MARYLAND	BALTIMORE YES NO	316 S. DURHAM ST. 21234
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OF VITA	210. ACCIDENT WAS UNDERLYING 21b. 1 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	TIME OF INJURY UR A.M. MONTH DAY YEAR P.M. 19	JRRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
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	230 BURIAL, CREMATION, REMOVAL 236 DA		23d LOCATION COUNTY STATE
BP DHMH - 16 50M 1/81	24 FUNERAL DIRECTOR	19 1786 PREEMMOUNI	ATE REC'D. BY REGISTRAR 25%, REGISTRAR'S SIGNATURE
(VRA 15, 4)	MAYMOND L. KACZOI	ROWSHIP 2525 ILEET ST. A	PR 1 8 1986 Julia Burdson Randelle

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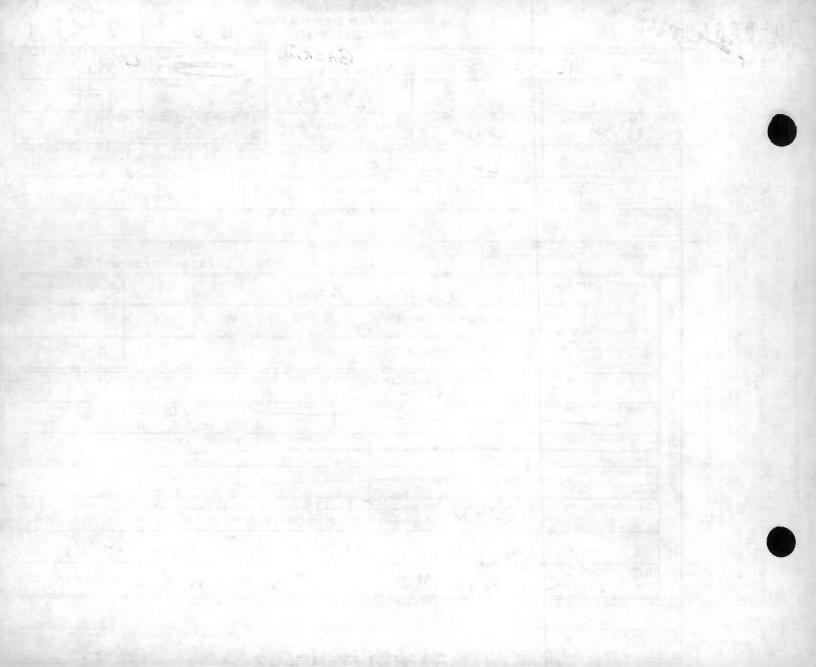
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH O REGISTRAR 20. DATE KNOWNXX 1. DECEASED NAME 2b HOUR MONTH DAY (TYPE OR PRINT) OF ESTI-DEATH MATED 4-22-86 19 JOHN **GARDINER** 2d. HOUR IF UNDER 24 HRS 4 RACE 5 DATE OF BIRTH DATE PRONOUNCED :22 4-22-86 DEAD Male White 64 9. BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT TO BIRTHPLACE (STATE OF COUNTRY? MARRIED NEVER MARRIED X FOREIGN COUNTRY Baltimore City WIDOWED DIVORCED Maryland OURS AFTER DEATH. IF ANY DELAY INER CINE PAGES 1, 2, AND 3 TO THE FUND 3 WITH FORM PM. 3. RETAIN BAGE 5. MIT. PAGES 1 AND 2 SHOULD BE FILED. BIT. BUSION OF VITAL RECORDS, 201 126 KIND OF BUSINESS 120 USUAL OCCUPATION (TYPE OF WORK IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION University Hospita Driver Baltimore Electric Co. 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13b. COUNTY Maryland Baltimore 427 Westgate Road, 21229 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE William Gardiner Reindollar Russell Elizabeth 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES. NO, OR UNKNOWN) LIEVES GIVE WAR OR DATES! 213-12-6384 Yes WW II Troy Cathey, 427 Westgate Road, 21229 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) CHIEF MEDICAL EXAMINER ALONG WING USED AS A BURIAL-TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, DRIEM, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple injuries DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 CERTIFICATION 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? COATE, WRITE F CORWARDED TO THE COMPANIES OF THE COMPANIES OF THE COMPANIES OF THE COATE OF THE YES 210. EXTERNAL CAUSE WAS 16. TIME OF INJURY 21. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) driver of a moped struck by a pick-up truck SBO GLODIN WELCOH UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21f. LOCATION 21e PLACE OF INJURY (AT HOME, NOTThbend&Edmondson Avenues Batto., Md.. NOT WHILE STREET, FACTORY, FARM, ETC. WITH THE STATE D AT WORK TO MEDICAL EXAMINER: THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PY AFTER DEATH, WITH HIFE STATHMORE, MARYLAND, 92 Inspection X and in my opinion 22a. I certify that I took charge of the remains described above, held on Autopsy Homicide Accident Suicide death resulted from: Natural causes DATE 23-86 ACTUAL SIGNATURE EXAMINER'S NAME Korell, M.D. ADDRESS 111 Penn Street Margarita A. 230. BURIAL, CREMATION, REMOVAL 236 DATE 231. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Carroll Maryland Trinity Lutheran Cem. 4/26/86 Taneytown Burial BP. 250. DATE REC'D. BY REGISTRAR 25h REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 21229 . arecom-frontable **DHMH - 17** (VR A15 ME (5)) Hubbard Funeral Home, Inc., 4107 Wilkens Ave. 20M 4/B2

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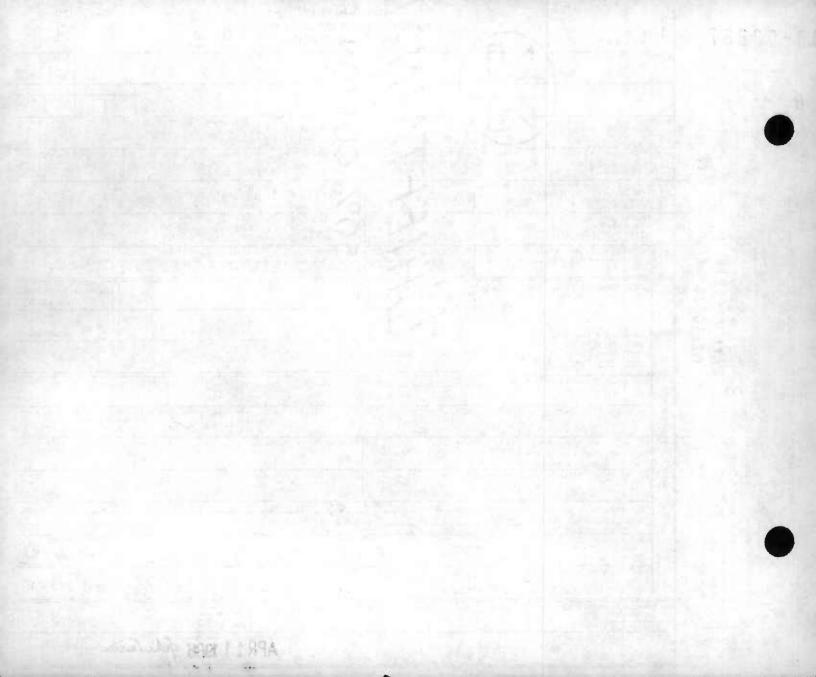
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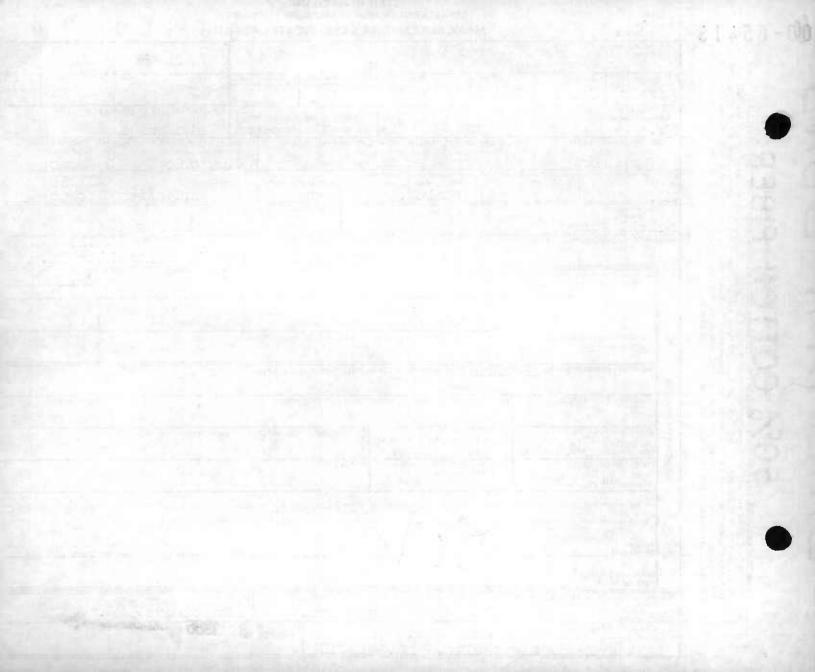
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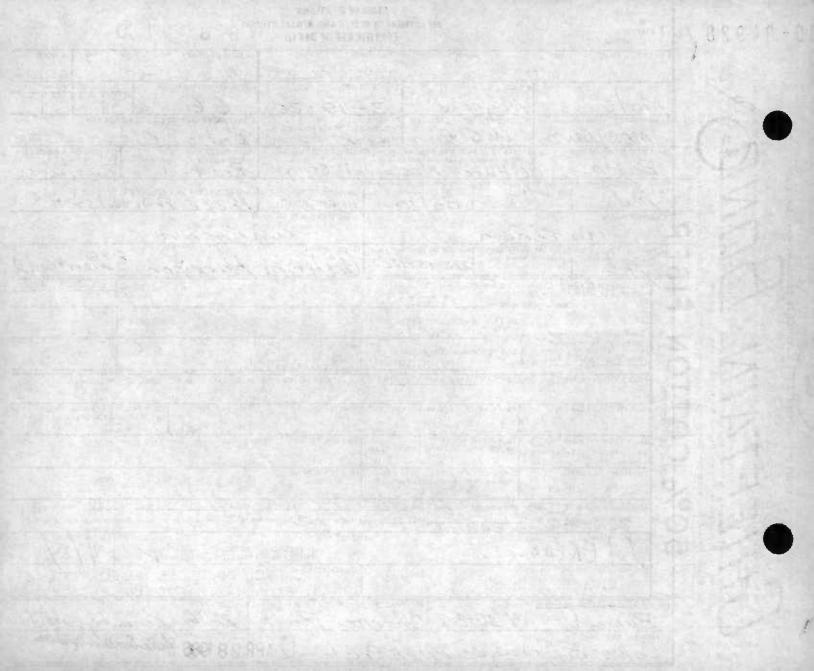
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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CHIEF MEDICAL EXAMINER ALONG CHIEF MEDICAL EXAMINER ALONG E USED AS A BURIAL - TRANSIT PERA TO F HEAITH AND MENTAL HYGIEN URIAL, CREMATION, OR REMOVAL.		gove rise couse (o): lying cous	NIFICANT CONDITIONS C	(c)ONTRIBUTING TO OEATH	BUT NOT RELA	ISEQUENCE C TEO TO THE TERM WHICH OPER	INAL OISEA			RT 1 (a)				70 AUTOPS	Y?
	CERTIFICATION								7					YES 🗆	NO []
			OR G CAUSE OF D	EATH P.M	MONTH	DAY YEAR	21c. H	OW INJURY	OCCURRE	D (ENTER	NATURE OF INJUI	RY IN ITEM 18 P.	ART I OR PAR	₹ <b>7</b> 2)	
	MEDICAL	21d INJURY OF WHILE AT WORK		21e PLACE (	OF INJURY TORY, FARM, E			CATION			CITY OR TOW	7	cou	UNTY	STATI
7		220. I certify death resulted ACTUAL SIGNATURE EXAMINER'S N (TYPE OR PRIN	d fram: Nature	e of the remoins des	A A	Su		Homic	PEC#Y) istan	Undet	Inquiry ( ermined mon ICAL EXAMII enn St	ner .	DATE	4/26	)/86
1	23o.Bl	JRIAL, CREMAT	ION, REMOVAL 23			NAME OF CEA				123d LC	CATION			IVV	
	Bu	rial		3-3-86		en Ha	ven			CITY	Balti	more,	Md	- Wheeler	STATE
1	SC SC	NERAL DIRECT	k Funer	ral Home	, In	c.			250. DATE	ECD BY	RE	1 Subleat	ANNESSAN.	BRATE	
				ne, Bal			21	213							



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		X	DEC	EASED NAME FIRST		*DDLE	L	AST	20. DATE OF DEATH		YEAR 2	b. HOUR
	1 25 /		{TYPE (	WILL:	TAM I	H	KYEV	KMM GIBSON	APRIL 24	1006	100	6:50pm
	10 000		3. SEX	. , , , , , , , , , , , , , , , , , , ,	4. RACE	.1	5. DATE O		6. AGE (IN YEARS LAST BIR	THDAY) IF UNI	DER I YEAR	IF UNDER 24 HRS
	100	24	N	Tale	Negr		MONTH 3		66	YRS.		HOURS MIN.
		5/		THPLACE (STATE OR FOREIGN	76. CITIZEN OF V	VHAT COUNTRY?	MARRIE	NEVER MARRIED	9. BALTIMORE CITY C	R COUNTY OF	EATH	
	1 1	1	1	MARYLAND	U.S	.610	WIDOWE	DIVORCED [	Balto.	CITY	1	MD.
			10. CIT	Y OR TOWN OF DEATH	11. NAME OF H	OSPITAL, NURSIN		R OTHER INSTITUTION	120. USUAL OCCUPATI		KIND OF	BUSINESS OR
102		2	L	salto.	Chur	ch Has	pita	al Corp.	Retired	2 2	Busi	7055
ND 21201	24 hour	3/	13a. S1	ATE 13b. COL		13c. CITY OR TOWN		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE	1.1	ELSIS
YLA	thin tely t			HER'S NAME		Deline		15. MOTHER'S MAIDEN NA	ME O C C C	7 6 626 - 64		
MARYLAND	mple and with	20		els 5	MIDDLE	LAST	P. C.	FIRST	1 Knows	7	LAST	
	= 40			AS DECEASED EVER IN U.S. A	RMED FORCES?	16b SOCIAL SECUI	RITY NO.	17. INFORMANT	ADDRI		10	
BALTIMORE	Pages Pages	1	(YE	S NO OR UNKNOWN) (IF YES, C	IVE WAR OR DATES)	218-05-	1267	Catherine	Hereis	00	Mon	+FOSS
ALTI	te be	<b>'</b>	7	18 CAUSE OF DEATH (Enter of	inly one couse per l	ine for (a) (b) and	Aici i	CELTRICITY	1,000		APPROXIMA	ATE INTERVAL
. 2	phys mave			PART I. DEATH WAS CAUS	ED BY.	CARDI				577133	BETWEEN ON	SET AIND DEATH
V C OO C C											MAL CO	
PRESTON	death			Conditions, if any, which	( (b)	SEPSI						
	he de he att emave matia	52		gove rise to immediate couse (a), stating the		AS A CONSEQUE	100	HE LAUREN	HOLL ST	Chilles II		-1.10
. ≥	by the cre			underlying couse lost.	DUE 10, OR			CARDIOMYP	АТНУ			
, 201	Ined Ined Suria			PART 2. OTHER SIGNIFICANT						DITION GIVEN IN	PART 10	15-15-15-1
RDS	The rate	1	O N									
DIVISION OF VITAL RECORDS,	aw r bee pria any	7	CERTIFICATION	90 DATE OF OPERATION	19b. CONDIT	ION FOR WHICH	OPERATION	WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WEI		
AL R	he lian.	-	E				4.37		YES NOT	YES [	CAUSES	NO 🗌
Y.	hysicio icate ransit Hygie 18 shq	0		210. ACCIDENT WAS UNDERLYING		NJURY A. MONTH DA	Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I C	OR PART 2)	
0	SICIA ng ph certifi certifi inal-tr ental	9	CAL	OR CONTRIBUTING CAUSE OF D	EATH .		19					
Ö	F F S S S S S S S S S S S S S S S S S S		MED	21d. INJURY OCCURRED	21e. PLACE C	OF INJURY	ARM. ETC.)	211. LOCATION STREET	CITY OR TO	wn c	OUNTY	STATE
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3/45	NDIN at ar a use as Tealth	30		220.1 certify that (1) (this has	offol) offended the	deceased from_4	APRII	7 1/ 18 8P	, to APRIL	24 19	86_, th	ot (I) el lost
	Sprite CTO CTO d for	16		saw the deceased alive a above, (latwe) (did) (did r	n APRII. iot) view the body o	24 ofter death.		d that in (my) out opinion i	death accurred on the de			
	OR on he had been been been been been been been bee	100	1	226 SIGNATURE	^			DEGREE ATTENDING	MEDICAL STA		IZE. DATE S	GNED
	14 140			7. 16/60	0,			PHYSICIAN [	DIRECTOR PHYSIC	IAN	4/	7
	HOSPITAL ned by fl FUNERAL old be det of the State	1		TI DER				220. ADDRESS CHURO	CH HOSPITA	AL' CORP	ORAT:	ION
	O HOSPITA etained by TO FUNERA shauld be de with the Stat								DWAY, BALT	TMORE,	MD 2	1231
			23a. 8l	JRIAL CREMATION, PEANOVA	236. DATE	23c N	IAME OF CI	METERY OR CREMATORY	23d LOCATION	103	INT	STATE
	BP		1	surial)	7-30	06 60	2551	son torest	Bullo,	Coun	ty.	mc.
	DHMH - 16 60M 7/		24 FU	NERAL DIRECTOR	,	ADDRESS	- 0	250 DAT	R 2 8 1986	PLINE DAME	SON-NO	Total .
	(VRA 15, 4)		(	a1011000	crugg	2 1415	Eigr	es tons & Al	4 CO 1300	7		Designation of



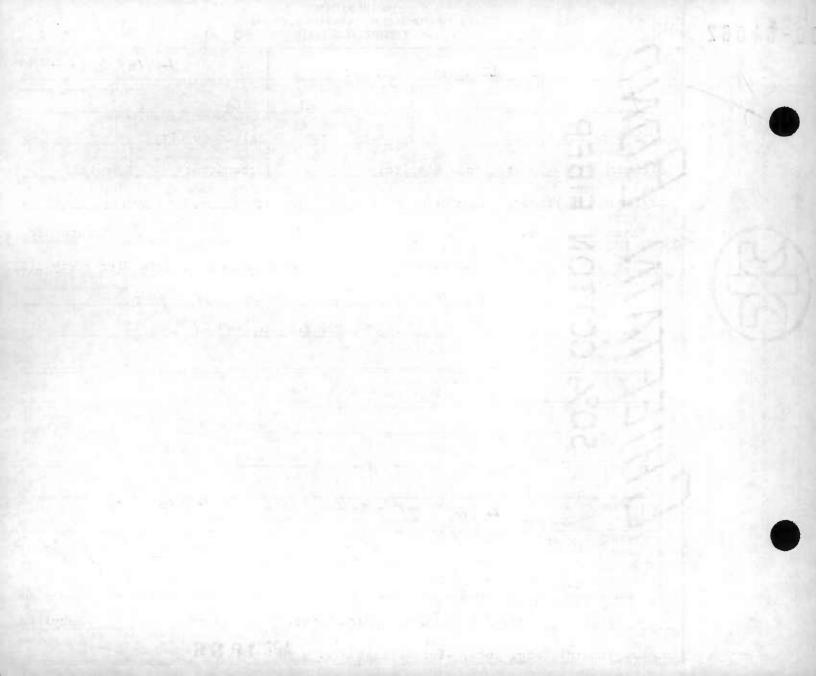
C. March F/H, Inc. 1101 E. North Ave.

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND

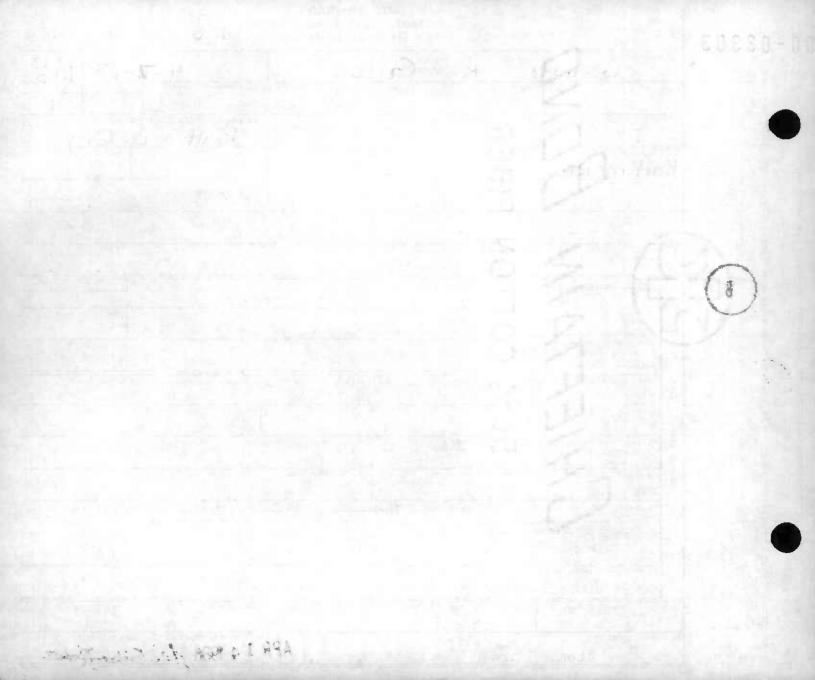
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STATE OF MARYLAND

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may be poge 3 rer death			trude	RACE	R -	Gi.		6	a. DATE OF D	SLAST BIRTHDAY)	DAY YEAR 96	
death. Page 4		Female RTHPLACE (STATE OR F COUNTRY) N. Caro	ina	U.S.	WHAT COUNT	MARRIE	20 D NEVER MA	RRIED DRCED	BALTIMORE B	city or could	NTY OF DEATH	HOURS MIN.
201 urs ofter of the filed with	6	altimor	e	Provi	dent	Hosp.	OR OTHER INSTIT			CUPATION or most of work in maker		OF BUSINESS OR
LAND 21;	130.	Md.	13b COUNTY		Balte	OWN		10 🗆	2225	DRESS / ZIP C Ashbur	ode ton St	. 21216
makry inted with ond 2:		Oscar Har			LAST		Is MOTHER'S A	e	/	AIDDLE	C	lay
be executed by the second of t		vas deceased ever yes, no or unknown] No	N U.S. ARME (IF YES, GIVE W		215-2	2-3837	Mr.	10	01 er St		Becklow Balto.	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120* ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of a certificate has been signed by the other of physician and completely filled in by as the burial-transit permit. Then please remove continues the gest and 2 should be filled in by the ond Mental Hygtene prior to burial, cremation, an embasic and set and a shows any injury, or other traumatic must be necessarily and them.	NOI	Conditions, if any, gove rise to imm couse (o), stating underlying couse	ediate g the lost	DUE TO, OF	AS A CONSECUTIVE AS A CONSECUTIVE	Cardia OUENCE OF		ector-	AL DISEASE C	DR CONDITION	GIVEN IN PART 1	10
TAL RECO The law rate has bee rish permit. Green prio shows any	CERTIFICATION	190 DATE OF OPERAT				CH OPERATIO	N WAS PERFORA			IN CE	YES, WERE FIND RTIFYING CAUSE YES []	INGS USED S OF DEATH? NO [
WISION OF VITA  G PHYSICIAN: Tr  oftending physicia re: this certificate s the bunal-transit ond Mental Hygir ked or Item 18 sh	MEDICAL CE	21g. ACCIDENT WAS UND OR CONTRIBUTING C C (IF EITHER NOTIFY MEDIC 21d INJURY OCCURR WHILE NOT WHILE NOT WHILE AT WORK AT WORK AT WORK	AUSE OF DEATH ALEXAMINER)	P./ 21e PLACE (	M. MONTH	DAY YEAR 19 CE, FARM, ETC.)	211 LOCATION STREET			E OF INJURY IN ITEM	18 PART 1 OR PART 2)  COUNTY	STATE
OR ATTENDIN e hospital ar DIRECTOR: Afr cided for use a Dept. of Health f frem 21 is man		220 I certify that (1) sow the decease to the first that the sound of	this hospital)		15	0	DEGREE	7			hour and from the	SIGNED
O HOSPITAL etoined by the TO FUNERAL should be det with the Store with the Store		22d PHYSICIAN'S NA	1. BA	ISHIR.	МО		220 ADDRESS	rondens	Horri	ta. B	altimu.	6. ud.
BP		Remova		23b. DATE 4-9-		NAME OF C	EMETERY OR CRE		23d. LOCATION	OWN	COUNTY	STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	24. FI	INERAL DIRECTOR NAME Anat	omy E	Board	ADDRES	Balt	o., Md	APR	1 4 19	STRAR 256, REC	SISTRAR'S SIGNA	TURE



1	1.	FOR STATE REGISTRAR	DEPAR		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 6 REG. NO.	10724				
		CEASED NAME FROM	AND G.		ASI	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR 7 MM				
	1. SEX	ny	RACE	5. DATE O	F BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) YRS					
1		COUNTRY)  SOLICIU S. C. J	CITIZEN OF WHAT COUNTRY	WIDOWE		BALTIMORE CITY OR COUN	Ty MD.				
-	0	acrimon6		VIIIE	A UB	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS OR INDUSTRY				
		AL RESIDENCE (IF NURSING HOME OR COTATE 13b COUNT	Y 13c. CITY OR TO		YES 😭 NO 🗌		DE AVE				
	14. FA	THER'S NAME FIRST Wall	DDLE LAST		MANY 6	GILLARD	212.07				
		VAS DECEASED EVER IN U.S. ARM (IF YES, GIVE	ED FORCES? 166 SOCIAL SE	CURITY NO.	FUBY P. G.	ILLARD SILY T	Belleville Box				
		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY: Carolin	- 8	onary a	nest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
		Canditions, if any, which gove rise to immediate couse (a) storing the underlying couse last.  Due to, or as a consequence of the total conditions of the couse (a) storing the underlying couse last.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a									
7	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	WHICH OPERATION WAS PERFORMED  200. AUTOPSY?  20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES  YES NO YES YES							
7		2 TO, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	11b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	21¢ HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM )	18 PART T OR PART 2)				
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	CE, FARM, ETC }	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE				
		220.1 certify that (1) this hospital) attended the deceased fram 6th JUNE, 1984, ta 21 <sup>SE</sup> TORIL 1986, that (1) femalest sow the deceased alive an 1986, and that in (my) copinion death occurred an the date and hour and from the causes stated above, (1) the deceased did not view the body after death.									
		27b. SIGNATURE  K. Sh	aw-hln			MEDICAL STAFF DIRECTOR   PHYSICIAN	22c. DATE SIGNED				
		122d. PHYSICIAN'S NAME (TYPE OR	TAYLOR	no	22. ADDRESS 5710 WAR	SASH WEDLO	IN CTR, Balli				
		BURIAL, CREMATION, REMOVAL	23b. DATE 23 4/25/86	THE BE	EMETERY OR CREMATORY	23d. LOCATION	STATE CITY MAN STATE				
	24. FU	UNERAL DIRECTOR  NAME  Sundand	Says (300)	n 9.1	mm 57 AP	R 2 4 1986	ISTRAR'S SIGNATURE				

DHMH - 16 60M 7/B4

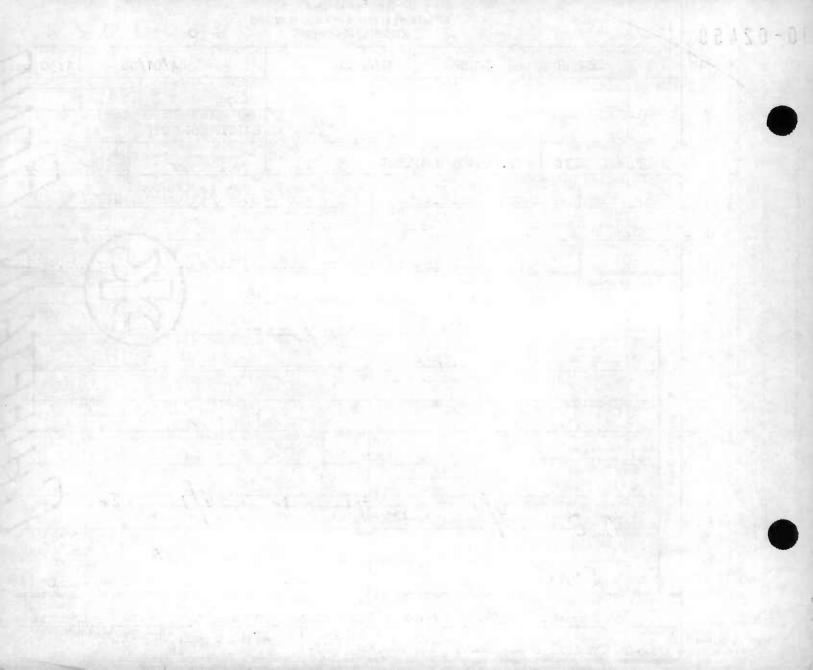
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(VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 00-02459 CERTIFICATE OF DEATH In DATE OF DEATH DECEASED NAME 2h HOUR (TYPE DR PRINT) 04/01/86 THOMAS GILLARD JOSEPH 1:30 4 RACE DATE OF BIRTH AGE INVENSIAL BRIDGE 1. SEX #1P/DERT YEAR MCM2H 09 Male White 14 76 7a BIRTHPLACE Th CITIZEN OF WHAT COUNTRY! BALTIMORE CITY OR COUNTY OF DEATH L'ETAPE DIFFOREIGN MARRIED NEVER MARRIED COUNTRY BALTIMORE CITY Maryland WIDOWED 3 & CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17s USUAL OCCUPATION 176 KIND OF BUSINESS OR INDUSTRY 12195 OF WORK FOR WOST OF WORKING LIFE Tool Maker Western Elec. 13: CITY OR TOWN 13x STREET ADDRESS / ZIP CODE 136 INSIDE CITY LIMITS? Baltimore Halethorpe 5708 2nd Avenue, Maryland 21227 FATHER'S NAME IS MOTHER'S MAIDEN NAME MICIOLE Gillard Thomas G. Veronica Μ. Brice WAS DECEASED EVER IN U.S. ARMED FORCEST 17: INFORMANT 213-01-3856 Helen Mitchell, 1801 E. Belvedier AVe., 21227 No APPROXIMATE HITERVAL RETWEEN CONCEY AND DEATH E. CAUSE OF DEATH (Enter only one cause per line for ia), (b), and ic PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE III)\_ ardiac Conditions, if any, which gave rise to immediate couse (a), stating the DUE TO: OR AS A CONSEQUENCE OF underlying souse last PART 2: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART THE CERTIFICATION INL DATE OF OPERATION 194. CONDITION FOR WHICH OPERATION WAS PERFORMED 7th IF YES, WERE FINDINGS USED 16a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOP YES [ NO T THE ACCIDENT WAS UNDERLYING [1] JIB TIME OF INJURY THE HOW INJURY OCCURRED. J ENTER NATURE OF PLUET PLITTER HE PART I OR PART 25 HOUR A.M. MONTH DAY YEAR DECONTEBUTING CAUSE OF DEATH I FEITHER NICHER WEDICAL EXAMPLES THE INJURY OCCURRED 11+ PLACE OF INJURY THE LOCATION ERY OF TOWN COUNTY I AT HOME STREET PACFORD OFFICE FARM BTC I 1.1888 STATE WHILE DOCUMENT OF 22s.1 certify that (7) (this hospital) attended the deceased from and that in (my) (pur) opinion death occurred of the date and hour and from the causes stated 27h SIGNADIRE DEGREE 22c DATE SIGNED Luc ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 228 PHYSICIAN'S NAME TYPE CREMENTS 22e ADDRESS St. Agnes Hospital, 900 S. Caton Avenue 23s BURIAL CREMATION, REMOVAL 236 DATE 23: NAME OF CEMETERY OR CREMATORY 73d LOCATION Entombment 4/4/86 Loudon Park Mausoleum Baltimore Maryland 24. FUNERAL DIRECTOR THE DATE RECIDIBY REGISTRANTS SIGNATURE DHMH - 16 60M 7/84 Hubbard Funeral Home, Inc., 4107 Wilkens Ave. (VRA 15, 41

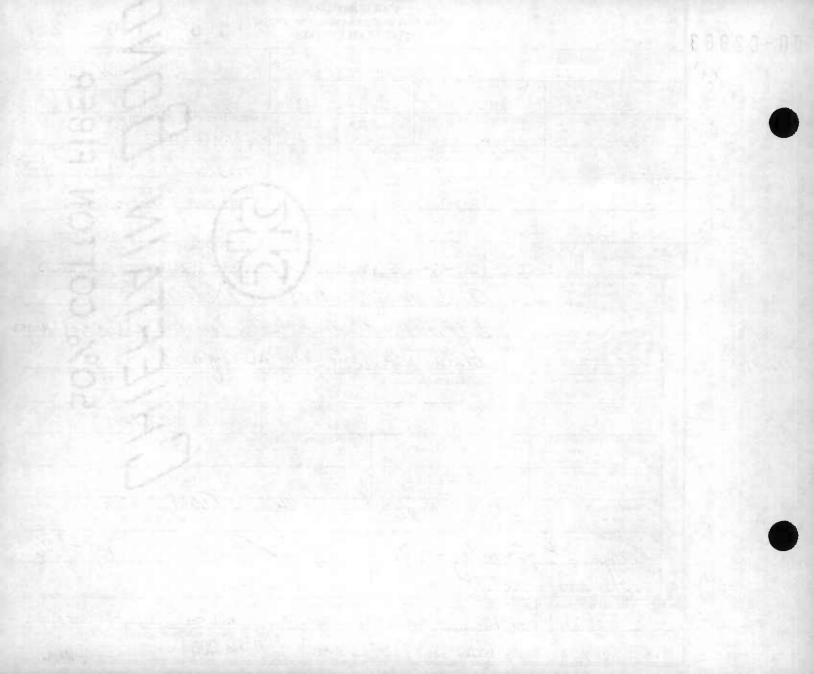


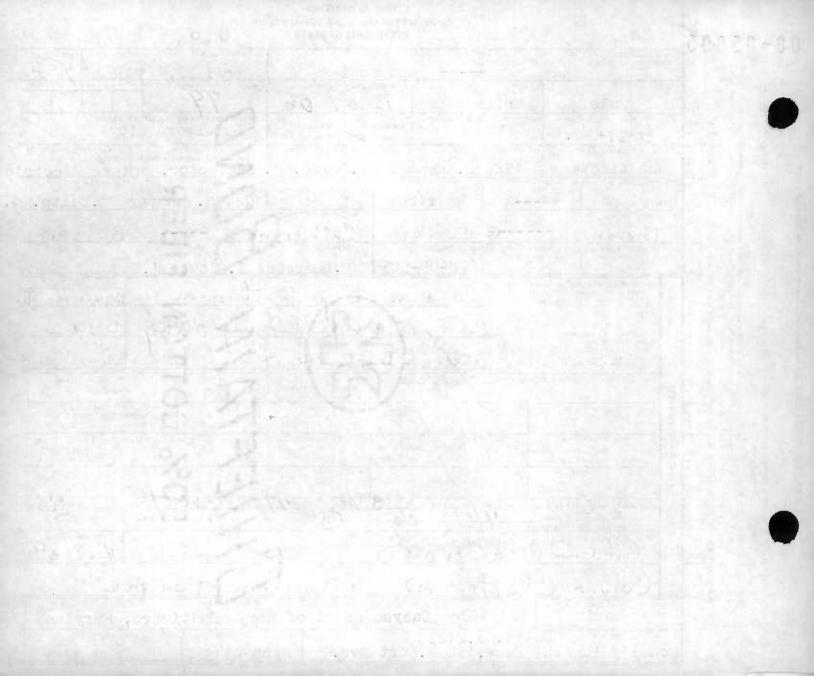


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	DEG NO	

-02963	1 -	FOR STATE REGISTRAR			DEPARTA		EALTH AND I		IENE 8 6	! 0	121
75		CEASED NAME	FIRST		WIDDIE	i	AST	41 F	20. DATE OF DEATH MONTH	DAY YEAR	2b HOUR
poge 3			LOUIS	5	W.	GLAT.	THAAR		4	7 86	12:45A M
\$ . (A)	3. SE	(	4	RACE		5. DATE C			6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YE	AR IF UNDER 24 HRS
ector.	36	Male	57	Whi	te	10		16	69 <sub>v</sub>	RS MONTHS DA	YS HOURS MIN.
hour hour	₽6. BI	RTHPLACE (STATE OR F	OREIGN 7	L CITIZEN OF	WHAT COUNTRY?	8	X NEVER A	ADDIED []	9 BALTIMORE CITY OR COL		
255		aryland		U.S.A		WIDOWE		ORCED	Baltimore Ci	tv	MD
ed	10. CI	TY OR TOWN OF DEA	TH 1	1. NAME OF	HOSPITAL, NURSIN	G HOME C		ITUTION	12a. USUAL OCCUPATION	12h KIN	D OF BUSINESS OR
	Ba	altimore			Lemmon St				Dock Loader		RY Auto Supp stern Auto)
0	USU/ 13a S	AL RESIDENCE (IF NURS	136 COUNT	THER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	13d. INSIDE C	ITV I IAAITCO	13e.STREET ADDRESS / ZIP C		occin naco)
Dimes onld	М	arvland			Baltimor		YES 12	NO [	1924 Lemmon S		21223
2 sh		THER'S NAME		IDDLE	LAST		15 MOTHER'S	MAIDEN NA	ME	CICC	
		Unknown		DOLE	Glatth	aar		ertha	WIDDIE	T I	nknown
		VAS DECEASED EVER	IN U.S. ARM		166 SOCIAL SECU		17 INFORMA	THE RESERVE	ADDRESS	0.	IBCHOWII
medical	(,	YES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	215-07-4	465	Maxine	M. Gl	atthaar 1924 I	emmon S	t. 21223
oval.	W	18 CAUSE OF DEATH	H Enter only	one couse per BY:	Brut.	muc	2000	hil	- Caratin		ROXIMATE INTERVAL EN ONSET AND DE ATH
Then please remaye as a to burial, cremation, y injury, or ather traum	TION	Conditions, if ony, gove rise to imm couse to imm underlying couse	nediate g the lost.		RAMA CONSEQUE	NCE OF CONTRACT	AOTE NOT RELATED	pemor TO THE TERM	al lypan	I GIVEN IN PART	()
giene prio	CERTIFICATION	190 DATE OF OPERAT	ION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	200 AUTOPSY? 20b. I YES NO NO	F YES, WERE FIN ERTIFYING CAUS YES [	IDINGS USED SES OF DEATH? NO
burial-transit Mental Hygie or Item 18 sho		210. ACCIDENT WAS UND OR CONTRIBUTING COLOR CONTRIBUTING COLOR	AUSE OF DEATH	1	DE INJURY M. MONTH DA M.	Y YEAR	21c HOW IN	JURY OCCURE	RED (EMTER MATURE OF INJURY IN ITEA	A 18 PART OR PART	2)
d A	MEDICAL	21d. INJURY OCCURR		21e. PLACE	OF INJURY	ARM FIC I	21f LOCATIO	N	CITY OR TOWN	COUNTY	STATE
th ar	4	AT WORK AT WOR	ILE D				10		Ca-1		
of Healt		22a.1 certify that (1) saw the decease above, (1) (we) (d	d alive on_	3/	19	an an	d that in (my)	(our) opinion o	death accurred on the date and	hour and from t	, that (I) (we) last the causes stated
should be defacted with the State Dept MAPORIANT: If Hen		226. SIGNATURE	is &	Den	dem	D			MEDICAL STAFF DIRECTOR PHYSICIAN	171, DA	17/8¢
MPOR MPOR		Dr. Eugen		enitez			3455	Wilkens	s Avenue		
12	23a B	URIAL, CREMATION, I	REMOVAL	23b DATE			METERY OR C		23d LOCATION CITY OR TOWN	COUNTY	STATE
		Buria	1	4/9/8	86 M∈	adowr	idge Me		Elkridge	Howard	Maryland
60M 7/B4	24 FL	ineral director abbard Fund				2	1229	25a DATE	REC'D. BY REGISTRAR 256. RE	GISTRAR'S SIGN	ATURE



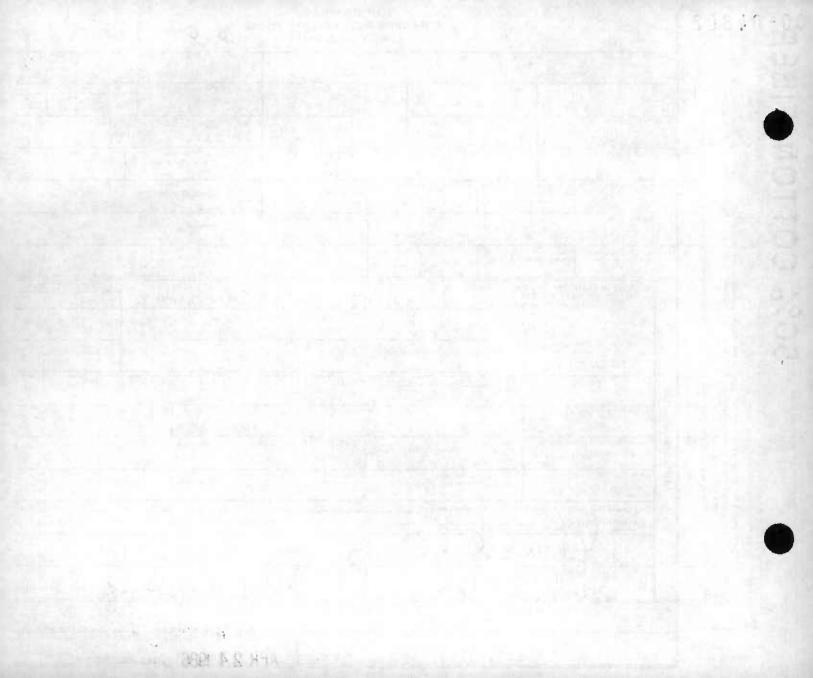


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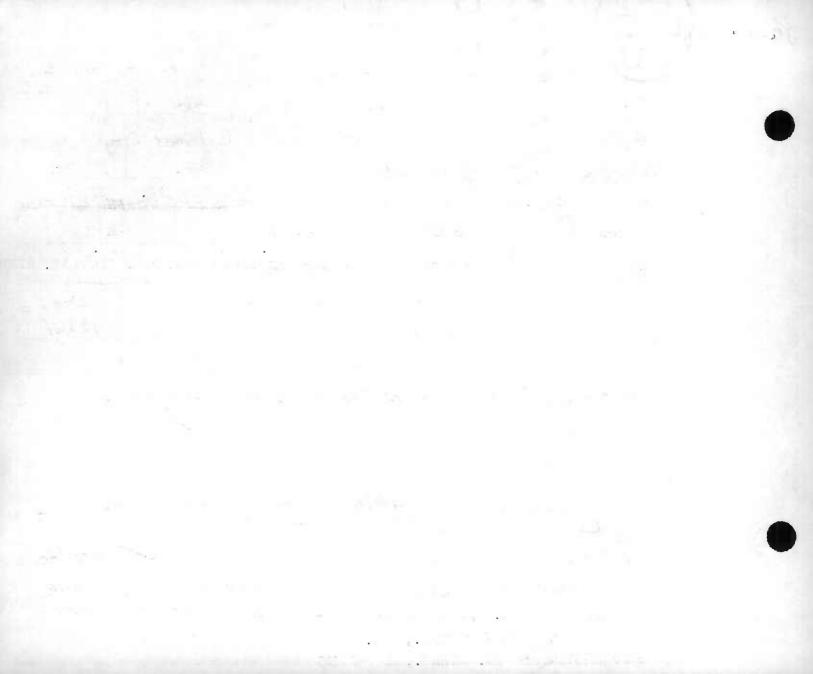
WM.C.MARCH F/H INC. 1101 E.NORTH AVE.

APR 2 / 1006

Julia Davidson-Randall



0-04785	1.	FOR STATE REGISTRAR	DEPA		EALTH AND MENTAL HYG	8	6 REG. NO.	1 0	13	0
16	1. DE	CEASED NAME FIRST	WIDDLE	l	AST	2a. DATE OF DE		DAY YEAR	2b. HOUR	
nay be	(TYP	E OR PRINT)	an	G	oldberg		04	21 8	0 11 62	PM
am .	3. SE	X	4. RACE	5. DATE C		6. AGE (IN YEARS	LAST BIRTHDAY)	MONTHS DAY		
rector		Female	White	NONTH		3	86 YRS		S HOURS	MIN.
zm. rs graidii 72 ha		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTE	MARRIE	D NEVER MARRIED	9. BALTIMORE	CITY OR COUN	TY OF DEATH		
ot o		RUSSIA	usa	WIDOWE		Bal	timore	City		MD.
by the fune filed within	10. C	Baltimore	11. NAME OF HOSPITAL, NUR  (IF NOT IN SUCH FACILITY, GIVE STR		DR OTHER INSTITUTION	12a. USUAL OCC (TYPE OF WORK FOR HOUS)	UPATION MOST OF WORKING EWIFE	LIFE INDUSTR	OF BUSINES:	SOR
filled in rould be	USU 13a.	AL RESIDENCE (IF NURS 15 HOME OF STATE 176, COL		ORE ADMISSION) DWN	13d. INSIDE CITY LIMITS?	13 35 6 FOOT A PIC	DRD S ZIL 40		215	215
2 sh	14. F	ATHER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NA			The latest of th		
ond exon	1	WOLFE	LEVINE		ŔÄCHEL	M	IDDLE	RASK!	ſŇ	
es de co	16a_\	WAS DECEASED EVER IN U.S. A	RMED FORCES? 16b. SOCIAL SE	CURITY NO.	17. INFORMANT MRS			APT.		_
S. Poges e medica		YES, NO OR UNKNOWN) (IF YES, C	217-32	-9503	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	oox 720	2 ROCKLA			
hysicis boper ovol. int, th		18 CAUSE OF DEATH (Enter of	only ane couse per line for (a), (b), SED BY:	and (c).)					NONSET AND DE	EATH
0.000	1-		ATE CAUSE (a) Gram (-	4) vc (f	neumonia			4	3 hrs	
ove carb tian, ar-		112	DUE TO, OR AS A CONSEC					- m	<b>—</b> 1	
otte nove stipn roun		Conditions, il ony, which gave rise to immediate	( 16) Aspire	ition				/	Zhrs	
by the		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEC	QUENCE OF						
signed hen pla b buria juny, o	z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING T	O DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OF	CONDITION G	IVEN IN PART	la	
ior t	CERTIFICATION	190 DATE OF OPERATION	Disease )	icral	Decubitus; Co	ronarya	Hery di	sease		
os b ne pr	5	196. DATE OF OPERATION	196. CONDITION FOR WHI	CH OPERATIO	N WAS PERFORMED	20a AUTOPSY	AN CERT	ES, WERE FIND FIFYING CAUSE	INGS USED ES OF DEATH	?
show and a	E .	21g. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		121 110111 1111111111111111111111111111			YES	NO [	
buriol-tran Mental Hy or Item 18		OR CONTRIBUTING CAUSE OF D		DAY YEAR	21c. HOW INJURY OCCURE	CED (ENTER NATURE	OF INJURY IN ITEM 18	B PART I OR PART 2)		
rent Rent	S	(IF EITHER NOTIFY MEDICAL EXAMIN		19						
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC )	211 LOCATION STREET	CIT	TY OR TOWN	COUNTY	STA	TE
alth and morked		AT WORK NOT WHILE AT WORK								
Heo H			oital) attended the deceased Iron				121	1986	, that (I) (we	) last
D & E 200		saw the deceased olive o abave, (I) (we) (did) (did n	n 4 /21 19 at) view the bady after death.	26_, an	d that in (my) (aur) opinian o	death accurred an	the date and ha	aur and Iram th	e causes state	d
Direction of the part of the p	1	22h SIGNATURE	201	[	DEGREE			22c DAT	E SIGNED	
deto orte IT: H		1/orman	G Cohen	_ /	ATTENDING PHYSICIAN	MEDICAL DIRECTOR T	STAFF PHYSICIAN []	14	125/26	
STAN STAN	]	224 PHYSICIAN'S NAME (TYPE	OR PRINT)		22e. ADDRESS	1 8	1 0			,
should be detached with the State Dept.		Norman			Sinai F	tospita	10+	Balt1	more	
	23a. E	BURIAL, CREMATION, REMOVA	APR.22,1986	MIKRO I	EMETERY OR CREMATORY  KODESH-BETH IS	SRAEL LOCATION	*ET IMORE	COUNTY MA	ARYLAN	9
16 50M 4/83	24. FU		LEVINSON & BROS	., INC	250. DATI	REC'D BY REGIS		STRAR'S SIGNA	TURE	
A 15, 4)		6010 REISTERS	TOWN RD BALTO	MD	21215	- M M 32	-6		e	2.



FOR

REGISTRAR

1 - STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

Boulder Md. 21210 Mr. R. Blake Goldsmith, 4 Boulder La., Balto, APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? COUNTY STATE and that in (my) (our) opinion death accurred on the date and hour and from the causes stated PHYSICIAN DIRECTOR PHYSICIAN A Burial 4-8-86 Druid Ridge Pikesville Baltimore Md. 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Mirchell-Wiedefeld Home 6500 York Road 21212

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

7b. HOUR

IF LINDER 24

12b. KIND OF BUSINESS OR

IF UNDER LYEAR

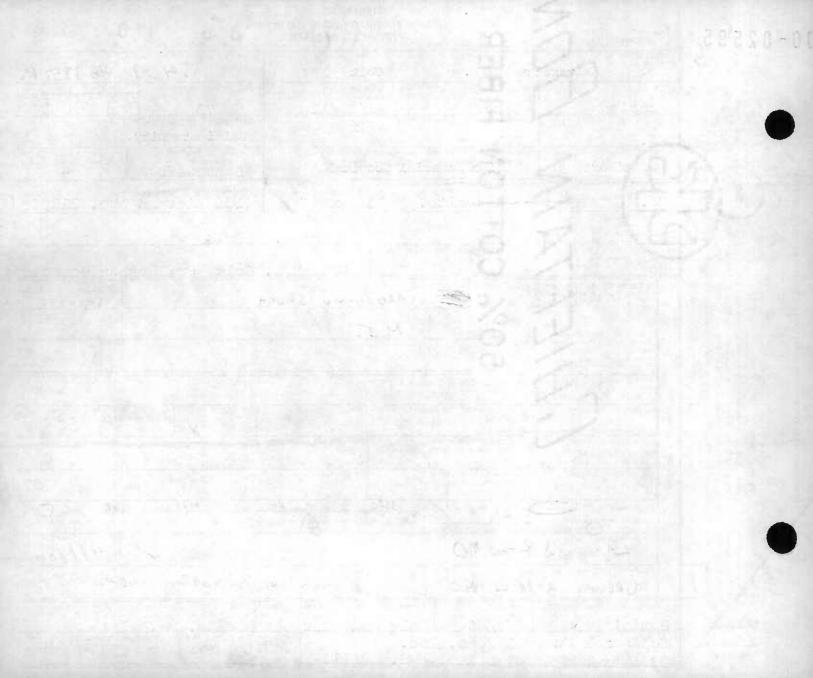
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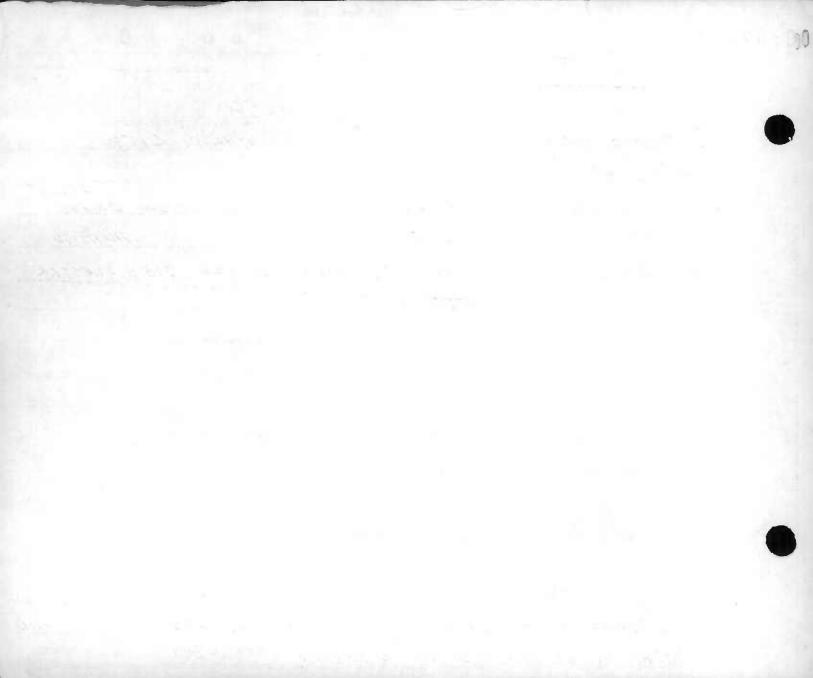
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Elizabeth Birtiely Geldsmiths #1 #1 #1 1916 11 200 Female who to 3/17/1986 15 Maryland U.S.a. Pallimere Coty Saltimore University of Maryland Proseted To Mayland Bettonic I Beather hour 21210 the Blate Colymandic Leavie C. Harks section and marketing to the first of the second of the se Carthering rates - alignest Respiring traffer to 18 days Respondery Disting System Spleasant Microthemes 15 days Total and resident temperations taked forty articions It 19 atres 3 PATHS A least Rudges Wilson Charles Co. X Fillian R. Elsehore De Claimany of Maybord Hospital No offentile silves 1. will block the AF- -6 Schell- Laneteld Long Cold larg Mond 21212 Law - Lanet

(VRA 15, 4)

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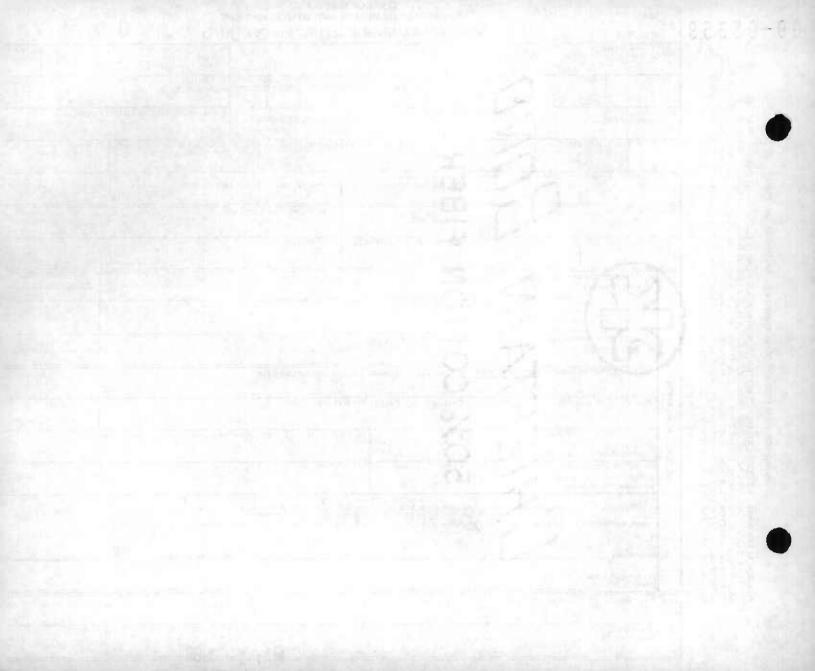
		FOR		STATE OF MARYLAND		
75.	1.	STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	8 6 REG. N	0/30
. JX		CEASED NAME FIRST	WIOOFE	LAST	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR
		Eta		Graham		4 20 86 8 30
	3.\SE	X	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIR	MONTHS DAYS HOURS A
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13	10.C	Balt more.	11. NAME OF HOSPITAL, NURSIN	AGORESS)  HOSOTAL	120 USUAL OCCUPAT	ION 12b. KIND OF BUSINESS DE WORKING LIFE) INDUSTRY
A)	USU 13a		OTHER INSTITUTION, GIVE RESIDENCE BEFOR	(N 13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE #2/2
~	14. F/	ATHER'S NAME		15. MOTHER'S MAIDEN NA	IME	stocken ST
100	100	Robert	Thompso	on Julia	WIOOFE	Thomason
oges		VAS DECEASED EVER IN U.S. AR			ADDR	SS
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t, the		18 CAUSE OF DEATH IEnter or	nly one couse per line for (a), (b), an	d (C).)	1 /	APPROXIMATE INTERVA BETWEEN ONSET AND DE
even		PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (a) Conge	sive Hear for	Relieve	
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room		Conditions, if any, which gove rise to immediate	(b)			1 294
other		cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQU	ENCE OF		
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iny,	Z	AC. To	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	WINAL DISEASE OR CON	DITION GIVEN IN PART 11a
ony ir	ATIC	190. DATE OF OPERATION	- I de	OPERATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDINGS USED
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85 AS	CER	210. ACCIDENT WAS UNDERLYING		21c HOW INJURY OCCUR		
r Item	CAL	OR CONTRIBUTING CAUSE OF DEA		19 19 19 19 19 19 19 19 19 19 19 19 19 1		
0	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION STREET	CITY OR TO	OWN COUNTY STAT
rked	2	AT WORK AT WORK	AT HOME SIREET, FACTORY, OFFICE, I	ARM, EIC J		
E		220.1 certify that (I) (this hospi	ital) attended the deceased from_	3-14-1986	, to	-2c , 19 16 , that (1) (we
21:		sow the deceased alive an abave, (1) (we) (did) (did no	ot) view the body after death.	and that in (my) (aur) apinion	death occurred an the do	ate and hour and fram the causes state
He H		22b. SIGNATURE	1/	DEGREE		22c. DATE SIGNED
=			leca	ATTENDING PHYSICIAN	MEDICAL STAI	
ORTANT:	1	274 PHYSICIAN'S NAME TYPE O	DR'PRINT)	22e ADDRESS		BATON
		M. KEHM	nan'	2717-Han	mand Fer	My Pel 2127
	ila.	SURTAL REMATION, REMOVAL	23b DATE 23c 1	NAME OF CEMETERY OR CREMATORY	23d LOCATION	
	4	Divinia!	4/24/36	GASTVICE (en	OR TOWN	COUNTY STAT
OM 7/84	74.7	DIERAL DIRECTOR	1		TE REC, D. BY RE	256 REGISTRAR'S SIGNATURE
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0000	1.	1-:	STATE REGISTRAR						ERTIFICATE		ATIÉS	1.0	13	1
0300	) 4		EASED NAME	FIRST		WIDDIE		IN J C	LAST	OI DG	20. DATE KNOV	G.NO.	H DAY YEAR	Zb. HOUR
₩ œ' si	.T. 38	(TYPE	OR PRINT)		ANTONIO			(	GRANT		OF ESTI	- 4 4		10. 1100K
E SE	TREE	3. SEX		4. RACE	5. DATE OF BIRTH	YEAR	6 AGE (IN YEARS IF UNDER		DER TYR. IF UNI	DER 24 HRS.	2c. DATE		MONTH DAY YEAR	2d. HOUR
IN DELAY IS NECESSARY, PLEASE D3 TO THE FUNERAL DIRECTOR. AIN PAGE 5 FOR YOUR FILES.	NO SNS	MA	LE	BLACK	08-31-6		23 YR		S DAYS HOURS	MIN.	PRONOUNCED DEAD	4-1	2-86	8:25P
RAL X	NE A	7a. BII	RTHPLACE (ST.	ATE OR	76 CITIZEN OF W	HAT COUN	TRY?	8 MARRIE	ED NEVER MA	ARRIED [	9. BALTIMORE C			
5 5	200	B	ALTO.,	MD.	USA			WIDOW		ORCED	Baltimor	-		MD.
	DE V		Y OR TOWN		11. NAME OF HO	SPITAL, NUI	RSING HOME, TREET ADDRESS) AVENUE	OR OTHE	ER INSTITUTION	12a US FOR	WAL OCCUPATION	N (TYPE OF WORL	OR INDUST	
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90	3/5	13a. S1	ATE	113h COL	INTY	13c CITY	OR TOWN		13d. INSIDE CITY LIMIT	5?   13e. STI	REET ADDRESS	21	215	
AE REC	230		THER'S NAME	BAL	TIMORE	BAL	TIMORE		YES X NO		19 GARRIS	SON BL	LVD.	
05	20	(3. F A	SAM		MIDDLE	GRANT	LAST	9	15. MOTHER'S MA		MIDDLE		LAST	
707	7	16a. W	AS DECEASED	EVER IN U.S. A	ARMED FORCES?		TAL SECURITY	NO.	AZALE 17 INFORMANT	.C.	ADI	DŖ <b>E</b> SS	IARK	0
ANSIT PERMIT. PAGES 1 AN AL HYGIENE, DIVISION OF	1	(YE	NO, OR UNKNOW	(IF YES, G	IVE WAR OR DATES)	218-	76-1167	7	AZALEE	GRANT	3819 GAR	RICON	RI VD	
T. P.			18. CAUSE OF	DEATH (Enter	only ane cause per line				r sere state to	OLUMNI	JULY GAL	TITOON	APPROXIMAT	E INTERVAL
ENE,	i Y		PARTIDE	ATH WAS CAUS	SED BY: IATE CAUSE (a) G11			of h	ead	EX		16	BETWEEN ONSE	TANDULATH
SIT P	000					AS A CON	ISEQUENCE O	F						
SAN	OR REMOVAL		gove rise	s, if any, while to immedia	ote (b)									
L-TS	N Z		couse (a) lying caus	stoting the <u>under</u> le lost.	DUE TO, OR	AS A CON	ISEQUENCE O	F						
URIA ND/	JOI I		BART 2 OTHER CIC	NICICANY CONOUTIO	(c)									
THA	EW E	Z	PART 2 OTHER SIG	MILICANI CONOILIO	NS CONTRIBUTING TO DEATH	BUI NUI KELA	IEO IO THE JERMII	NAL UISEASE	OR CONDITION GIVEN I	N PART 1 a				
HEAL	, -	ATIC	19a. DATE OF	OPERATION	196 CONDI	TION FOR	WHICH OPERA	TION W	AS PERFORMED?				20 AUTOPSY	?
USF OF IRIA		TIFIC											YES 😾	NO 🗆
NENT TO BI	2	MEDICAL CERTIFICATION	210. EXTERNA		21b. TIME O HOUR A.A	F INJURY	DAY YEAR				NATURE OF INJURY IN I	TEM 18 PART 1 OR		
ART.	2	CAL	CONTRIBUTION	IG CAUSE O			-12-86°		subject	shot		2 3		
OR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT THE STATE DEPARTMENT OF HEALTH AND MENTAL HY(AND, 21201 PRIOR, TO BURIAL, CREMATION, OR REMO		MEDI	21d INJURY O	NOT WHILE	21e PLACE STREET, FAC		(AT HOME.	21f. LOC	ATION REET JOCA 11	7/ *	ue <sup>ciiy or i</sup> Bălt		COUNTY 300 - 1	A STATE
AGE TATE 2120		-	AT WORK	AT WORK	x stre	et (in	a car)	Mon	awk@Bell	avent	ue Balt	Imore,	Marytan	u
HE ST	NO.		22a. I certif	y that I took cho	orge of the remains de	scribed abo	ve, held on	Autops		_	Inquiry ,	and in my	apinion	
TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE ST, BALTIMORE, MARYLAND, 2			death resulte	d fram. Na	itural causes .	Accident	, Suic	ide .	Hamicide X	Unde	termined manner	<u> </u>		
N. W.	3		ACTUAL	Win	1.	The o	Wall	0	TITLE (SPECIFY			DAT	F	10.05
EATH	100		SIGNATURE_	100	Come -	Anna	764	M.	D. Assist	ant MED	DICAL EXAMINER	SIGN		13-86
ER DE	4	-	EXAMINER'S N	NAME	Margarit	a A.	Korell	M.D.	Indees 1	11 Per	nn Street			
AFT PAFT	-	23a. Bl	IRIAL CREMAT	ION, REMOVAL			NAME OF CEM			23d. Le	OCATION ORTOWN			
		(5	PECIFY)	IAL	4-19-86	MI			EMETERY	BA	LTIMORE,			TATE
H - 17			INERAL DIRECT	OR		T DAT				TE REC'D. B	Y REGISTRAR 256	REGISTRAR'S	SIGNATURE	
ME (		BR	OWN/THO	MPSON E	F.H. 1913 T	V. BAI	TIMORE	51.	AP	R 15	1986 she	hia Davido	on-Mandall	11

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE CERTIFICATE OF DEATH 00-0365 REGISTRAR George H. Grav REG. NO 1. DECEASED NAME 2a. DATE OF DEATH MONTH 2b. HOUR 605 TYPE OR PRINT George 86 64. 4. RACE 6. AGE (IN YEARS LAST BIRTHOAY) 1. 5EX 5. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS male MONTH YEAR Caucasion 08 15 01 To BIRTHPLACE ISTATE OF FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED U. S. A Fredericksbyra V.A Balitmore WIDOWED DIVORCED [ ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 2n USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY. Francis Scott Key Medical Center Railroad Balto. Trucker ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 130. STATE 136 COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS MA YES IV Baltimore NO F 5002 E. Preston St 21205 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDOLE LAST FIRST avay Unknown Charles Minnie 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES 66. SOCIAL SECURITY NO 11 North Carolina Ave. (YES, NO OR UNKNOWN) 218-10-4710 Arnold Grav (son) Pasadena, Md. 21122 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) cardio - respiratory tailyre 19vombus (a DUE TO, OR AS A CONSEQUENCE OF prostaku Coknown orgin. (b) secondary renal failure caused Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION none 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? procedure IN CERTIFYING CAUSES OF DEATH? 0000 03 120186 NOV YES [ NO [ 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IE EITHER NOTHEY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 86 to\_06 22a.1 certify that (1) (this haspital) attended the deceased from\_ sow the deceased alive on 04 . 10 . and that in (my) (our) opinion death accurred on the date and hour and from the couses stated obove, (I) (we) (did) (did not) view the body ofter deoth. 22b. SIGNATURE DEGREE 22c. DATE SIGNED OSnowsky ATTENDING MEDICAL STAFF 04/11/86 old be deto M. 1) PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 234 South Nashington Street SOSNOWSKI Baltimore. 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION Balto., Md. Burial COUNTY 4/14/86 Loudon Park BY REGISTRAR 256. REGISTRAR'S SIGNATURE 14 FUNESCATIONAINER Funeral Home, Inc. DHMH-16 30M 2/80 (VRA 15, 4) 3331 Brehms Lane, Balto., Md. 21213 a mandam Hander

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O	PLEA FOLIS HOUR STREE	1. SE)		4. RACE	5. DATE OF BIR		6. AGE (IN YE.	ARS IF UN	DER I YR. IF U	INDER 24 HRS.			MONTH	DAY YEAR	
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	DARED O		RYLAND		U. S	. A.		WIDOW		IVORCED	Balt:	imore (	City,		MD.
	628 BARES	10. C	ITY OR TOWN	OF DEATH	11. NAME OF H	OSPITAL, NUR	SING HOME	, OR OTHE	R INSTITUTION		SUAL OCCUP	ATION (TYPE	OF WORK	126 KIND OF B	
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MD.	T OI M MY	14. F/	ATHER'S NAME		MIDDLE		AST		15 MOTHER'S	MAIDEN NAM	IE MI	IDDLE		LAST	
er m	A SIGNAL		Joshua			Gr			Paul	line				Rice	
BALTIMORE, MD.	S AFTER I GIVE PACE ITH FOR PAGES I IVISION O	16a. V	VAS DECEASED ES, NO, OR UNKNO YES	EVER IN U.S. A	RMED FORCES? VE WAR OR DATES)  I I		16-105		Angela		y Bal	1 <sup>ADDRESS</sup> F	ores	t Park . 21216	Avenue
			18 CAUSE O	F DEATH (Enter o	anly ane cause per	line far (a), (b),	and (c).)				/=			APPROXIMA	
S	24 HO ITEM 1 IONG PERM PERM OFENE		PARTIDE.	ATH WAS CAUS	ED BY: ATE CAUSE (a)	Arterio	sclero	otic (	Cardiova	ascular	Disea	ase		BETWEEN ONS	ETANDUEATH
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×.	A PEN Y		lying cause	stating the <u>unde</u> se last.	DUE TO,	OR AS A CONS	SEQUENCE (	OF.							
5, 201	ND ARIA	34			(c)										
OF VITAL RECORDS,	HOULD BE EXECUTED WITHIN 24 HOUE RD "PENDING" IN PENCIL IN ITEM 18. HIEF MEDICAL EXAMINER ALONG W LOSED AS A BURIAL - TRANSIT PERMIT. OF HEALTH AND MENTAL HYGENE, D RIAL, CREMATION, OR REMOVAL.	NO	Diabet	tes Mell	ns <u>contributing to de</u> itus	ATH BUT NOT RELAT	ED TO THE TERM	INAL DISEASE	DR CONDITION GIVE	EN IN PART 1 (a).					
7	A FEE	CAI	190 DATE OF	OPERATION	196. CON	DITION FOR V	VHICH OPER	ATION W	AS PERFORMED	)?				20 AUTOPSY	(?
VIT	X S E D C E	RTIF	ai Engeloui			3034								YES 🗌	NO 🔀
ON OF	SHOOP S	MEDICAL CERTIFICATION	UNDERLYING CONTRIBUTION	L CAUSE WAS OR OR CAUSE O	HOUR A	OF INJURY A.M. MONTH P.M.	19	21c. HO	W INJURY OCC	CURRED LENTER	R NATURE OF INJU	JRY IN ITEM 18 PA	ART 1 OR PART	/ 2]	
DIVISION	FR: THIS CERTIFICATE SHE ATE, WRITING THE WORR ORWARDED TO THE CH ORWARDED TO THE CH ORWARDED TO THE CH ORE FACE SHOULD BE UF STATE DEPARTMENT O ND, 21201 PRIOR TO BUR	MED	21d. INJURY O WHILE AT WORK			E OF INJURY FACTORY, FARM, ETC			ATION REET		CITY OR TOW	IN	COUN	NTY	STATE
	NER: THI CATE, W FORWA FORWA TOR: PAC THE STA AND, 213		22a. I certif	y that I took cha	rge of the remains	desgribed abov	e, held an	Autops	y . Ins	pection X.	Inquiry	, and	in my opir	nian	
	2 - F-4		death resulte	d fram: Nat	rural causes	Lacudent	. /Su	cide .	Hamicide	Unde	etermined ma	nner .			
	WIN WIN		ACTUAL		V	V	V		TITLE (SPECI	IFY)					
	ZHAZHA.		SIGNATURE_			10		M.	Assis	tant_ME	DICAL EXAM	INER	DATE	4/30	/86
	NO S DE S		EXAMINER'S	NAME											
	TO MEDICAL EXAMINATION OF THE CERTIFIC PAGE 4 SHOULD BE TO FUNEAL DIRECT FOR THE PER PER PER PER PER PER PER PER PER PE	72 - 0	(TYPE OR PRIN	ION, REMOVAL	regory R.				DDRESS		Penn S	St.			
		230 B	PECIFY	RIAL					CREMATORY	CIT	OCATION Y OR TOWN	D 31.	COUNT		STATE
07/84 25M		24. F			5/5/1986 FUNERAL		rrison	rore	st Vete	DATE REC'D. B	Y REGISTRAF	Balti 256 REGIS	TRAR'S SK	. Maryl GNATURE	and
	DHMH - 17 (VR A15 ME (5))	25	01 Gwyn	ns Fall	s Pkwy. E	Baltimo	re. Md	. 212						an-Manda	192
						.ar ermol	, Hd	12	10	MAY 1	1986	1 Chilan	A PARTY OF THE PAR		



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			ne 4 may be		ector, page 3	/

FOR

REGISTRAR . DECEASED NAME (TYPE OR PRINT)

Female

TO BIRTHPLACE I STATE OF FOREIGN

South Carolina CITY OR TOWN OF DEATH

Baltimore

Elliot

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY

couse lost.

Conditions, if ony, which gove rise to immediate couse (a), stating

190 DATE OF OPERATION

21d INJURY OCCURRED

WHILE NOT WHILE XX

PHYSICIAN'S NAME

230. BURIAL, CREMATION, REMOVAL

24 FUNERAL DIRECTOR

Burial

underlying

CERTIFICATION

MEDICAL

Pauline

4 RACE

SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION

OUNTY

Baltimore

MIDDLE

IMMEDIATE CAUSE (D)

Black

75 CITIZEN OF WHAT COUNTRY?

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

Baltimore

166 SOCIAL SECURITY NO

- STATE

3 SEX

130 STATE

Maryland

14 FATHER'S NAME

Hygin 00 morked MPORTANT:

ld b

DHMH - 16 60M 7/84 (VRA 15, 4)

## STATE OF MARYLAND

5 DATE OF BIRTH MONTH

Maryland General Hospital

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Green

07-17-1902

8		S REG.	NO.	
DATE	OF	DEATH	MONTH	DAY

REG. NO.				
20. DATE OF DEATH MONTH	DAY	YEAR	26. HOL	JR
April 17, 198	36		7:1	OAN
6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 HRS
83 yrs.	MONTHS	DAYS	HOURS	MIN.
9. BALTIMORE CITY OR COUNT	Y OF DE	ATH		

APPROXIMATE INTERVAL

20b. IF YES, WERE FINDINGS USED.

10 days

	U 1	1 ///.	 	110
ITIZEN OF WHAT COUNTRY?	8	NEVER MARRIED	9. BALTIMORE CITY OR COL	UNTY
USA	WIDOWED		Baltimore	Ci
NAME OF HOSPITAL NURSIN	G HOME OR OT	HER INSTITUTION	120 USUAL OCCUPATION	

120 USUAL OCCUPATION 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING (IFE) INDUSTRY

13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? 1500 Pennsylvania Avenue 15 MOTHER'S MAIDEN NAME Hunt

17 INFORMANT ADDRESS Mildred Davenport

18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). Intracerebral and Subdural

> DUE TO OR AS A CONSEQUENCE OF Status post a fall, striking the head

NO [

Ellen

anticoaqulant therapy.

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO

	AND THE RESIDENCE	
g. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	Г
OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY YEAR	l
(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. Apr. 4 869	ı

220.1 certify that (\* (this haspital) attended the deceased from

sow the deceased alive on <u>April 17</u> obove (K(we) (did) (K) www. view the bady after death

Harry M. Harris, M.D.

At. Home

04-21-86

Brown/Thompson F.H. 1913 W. Baltimore Street

IN CERTIFYING CAUSES OF DEATH? YES NOTE YES | 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

20a AUTOPSY?

71e PLACE OF INJURY 21L LOCATION AT HOME STREET FACTORY OFFICE FARM FTC

Status post fall

1500 Pennsylvania Ave. Balto., Md. 21217 that X (we) lost

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_					the same
	DEGRE	THEICATION	APPROVE	D. SA. M. SC.	MAL EX
	4	ATTENIE	4.10	MEDICAL	6.1

the comes stated THE DATE SIGNER

PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

c/o Maruland General Hospital

23c. NAME OF CEMETERY OR CREMATORY Baltimore National

Baltimore, Maryland

AB'S SIGNATURE



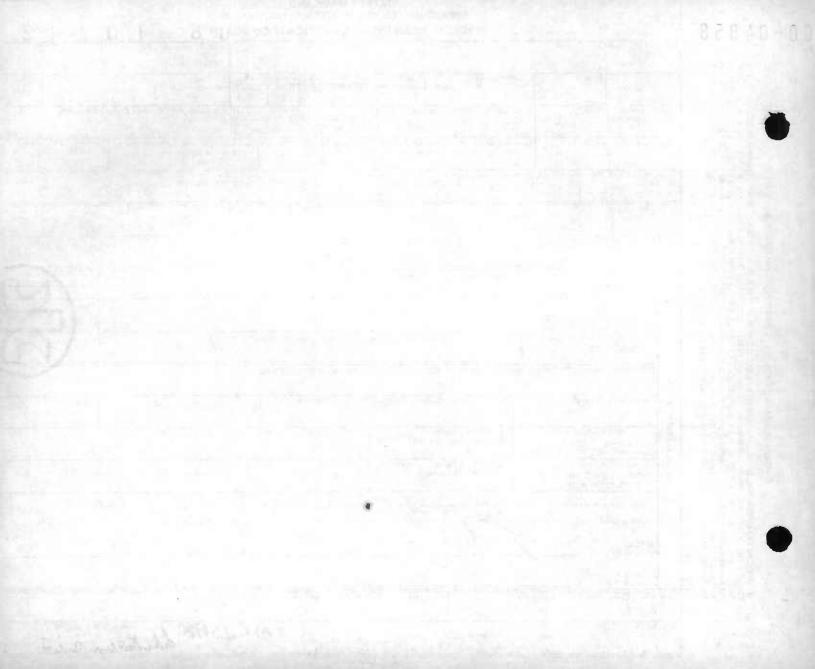
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.	10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the limit of the ctor. page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages (and 2 should like till as infinity frames after death with the State Dept of Health and Mental Hygiene prior to buriol, cremation, or removal.	IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical examines must be marting and the medical examines must be more than the medical examines must be more must be m
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05087	1	FOR - STATE REGISTRAR		DEPARTA	MENT OF I	E OF MARYLAND BEALTH AND MENTAL HYC BICATE OF DEATH	8 0	10	141
0000.	I. DE	CEASED NAME FIRST		MIDDLE		AST	REG. NO		EAR 2b. HOUR
noy be poge 3 er deoth	(TYP	E OR PRINT) Mary	V	Gr.	reene		April 26,		4:50P
poc . poc	3. SE		4. RACE		5. DATE (		6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1	
ge 4		female	bla	ick	MONT	26 1903	93	YRS	DATS HOURS MIN.
eoth. Pog	7a. B	IRTHPLACE (STATE OR FOREIGN COUNTRY)		WHAT COUNTRY?	MARRIE WIDOW	D NEVER MARRIED	Baltimore City o	R COUNTY OF DEA	тн
s ofter d	1 1	altimore		HOSPITAL, NURSIN CHEACHITY GIVE STREET, AND ENET		ospital	12a USUAL OCCUPATION OF MOST OF WORK FOR MOST OF UNEMP 10 y	FWORKING LIFE) INDU	IND OF BUSINESS OR STRY
filled formatter filled formatter fo	130	AL RESIDENCE (IF NURSING HOME STATE 136 COI		Baltimor	N	13d INSIDE CITY LIMITS?	130 STREET ADDRESS A	ZIP CODE W Place A	pt C 1 2121
mpletely ond 2 sh	14 F	charles	WIDDLE	Jones		Cordelia	MIDDLE		efferson
n and c		WAS DECEASED EVER IN U.S. A	ARMED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDRE		
0 0 0		YES NO OR UNKNOWN) (IF YES, 4		220-20-2	828	Cassandra Da	avis 2029 Wh		
physici npoper moval.		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUS	only one couse per	Aspiratio	dic.			BET	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
equires that the death ce is signed by the attending. Then please remotion, or to brindly, are ather traumatic	NO	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.  PART 2. OTHER SIGNIFICAN	DUE TO, Q		Myoc	ardial Damag		DITION GIVEN IN PA	RT I o
no.  hos bee permit ine prior	CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE F IN CERTIFYING CA YES	INDINGS USED USES OF DEATH? NO
PHYSICIAN: The ending physicion this certificate is buriol-transit ad Mental Hygie d ar flem 18 sha		21a ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF E  (IF EITHER NOTIFY MEDICAL EXAMIN	PEATH	DF INJURY M. MONTH DA M.	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART I OR PAI	R1 7)
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK		REET, FACTORY, OFFICE F		21f. EOCATION STREET	CITY OR TO	WN COUN	TY STATE
R ATTENDING hospital or off RECTOR: After hed for use as it ppt of Health or iem 21 is marke		220. I certify that (4) (this has sow the deceased alive above, M (we) (did) (did)	spital) attended the April  Mot) view the back	2619after death.	Apri.	ad that in $(\frac{3}{2})$ (our) opinion	, , ,	ote and have and fram	
the horter the horter the proche e Dep		Thom.	ad Sa	ray			MEDICAL STAF	FIAN	1/26/86
TO HOSPITAL To FUNERAL should be det with the Stote			Ganey M.				land <sup>G</sup> enera	l Hospita	a <sub>1</sub>
19	23a.	BURIAL, CREMATION, REMOVA	5/2/8			EMETERY OR CREMATORY	23d. LOCATION	Istown	s MD
BP/_	24 F	UNERAL DIRECTOR	3/2/8	o kin	y mell	orial Park	E REC'D. BY REGISTRAR		
DHMH - 16 60M 7/84 (VRA 15, 4)		illiam C. Marc	h F/H Wes	st 4300 W	abash		PR 2 9 1986	what Carries	Challedan

and the first that the last

DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME 20. DATE KNOWN DAY 2b. HOUR MONTH TYPE OR PRINT OF ESTI-DEATH MATED Eleanora Gread 21/19 86 4. RACE SEX 5. DATE OF BIRTH YEAR & AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS 24 HOUR 8:40 20 DATE 64 BIRTHDAY MONTH PRONOUNCED 4 DEAD 86 PM YRS 19 In BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) WIDOWED DIVORCED Baltimore City. S MARYLAND ID CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME. OR OTHER INSTITUTION FOR MOST OF WORKING LIFE! OR INDUSTRY Baltimore N/A E. Chase St. USUAL RESIDENCE HEIN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) BALTIMORE, MD. 21:10 13a STATE FISH COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS YES V NO [ MARYLAND BALTIMORE E CHASE STREET 21202 SE 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST AN PAN OF VIT FIRST LAST FIRST MIDDLE CALVIN BOWLEY GERTRUDE MITCHELL GIVE PA 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 7. INFORMANT ADDRESS PAGES 1 DIVISION (YES, NO. OR UNKNOWN) ( F YES, GIVE WAR OR DATES) 218-22-5481 MARIE STAFFORD 717 E. CHASE ST APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). SAL EXAMINER ALONG W BURIAL - TRANSIT PERMIT. MENTAL HYGIENE, N OR REMOVAL PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (g). Arteriosclerotic Hypertensive Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS. MEDICAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 4 CERTIFICATION USED / 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? AL, TO MEDICAL EXAMINER: THIS CERTIFICATE SHO EXECUTE THE CERTIFICATE, WRITING THE WORD POSE 4 SHOULD BE FORWARDED TO THE CHILD FUNERAL DIRECTOR; PAGE 3 SHOULD BE US AFTER DEATH, WITH THE STATE DEPARTMENT OF BALTIMORE, MARYLAND, 21201 PRIOR TO BIJISI. BUR YES [ NO X 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M 19 21e. PLACE OF INJURY (AT HOME. 21d INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE NOT WHILE AT WORK Inquiry XX 220. I certify that I taak charge of the remains described above, held an Autapsy and in my opinion Natural causes death resulted from: Homicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE Assistant MEDICAL EXAMINER 4/22/86 SIGNATURE SIGNED EXAMINER'S NAME Gregory R. Kauffman, M.D. lll Penn St. (TYPE OR PRINT) ADDRESS 230 BURIAL, CREMATION, REMOVAL 236, DATE 23d LOCATION 23c. NAME OF CEMETERY OR CREMATOR COUNTY STATE BURIAL 4-28-86 BALTIMORE BALTIMORE 07/84 BP. 25M 24. FUNERAL DIRECTOR Sh REGISTRARIS SIGNATOR **DHMH - 17** 1101 E.NORTH AVE. (VR A15 ME (5)) WM.C.MARCH F/H INC

STATE OF MARYLAND



STATE OF MARYLAN	D

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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40 Savidson-Randall

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er d	10. C	ITY OR TOWN OF DEATH			OR OTHER INSTITUTION	120 USUAL OCCUPATION	
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be the		AL RESIDENCE (IF NURSING HOME OF	NTY 136. C	SIDENCE BEFORE ADMISSION	134 INSIDE CITY LIMITS?	13e STREET ADDRESS /	ZIP CODE 1212 land Southway,
fille ould		MD		Balto.			land Southway,
BALLIMOKE, MAKTLAND 2 120 cote be executed within 24 hours inside the executed within 24 hours opers. Pages 6 and 2 should be flewel.  11, the medical examine must be not the	14. F	ATHER'S NAME	MIDDLE	LAST	15 MOTHER'S MAIDEN NA	WE	LAST
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re dec		Conditions, if any, which gave rise to immediate	(p) CVV	evine Upst	mare fami	Friday 12 stu	/36
w. w. th		cause (a), stating the underlying cause last.	DUE TO, OR AS A	CONSEQUENCE OF			
ed b pleas rrial,		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRI	BUTING TO DEATH BU	T NOT PELATED TO THE TERM	INAL DISEASE OF CON	DITION GIVEN IN PART 110
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w re prior ony is	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION	FOR WHICH OPERATION	ON WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED
he lo on. hos t per ene p	TE					YES NO	IN CERTIFYING CAUSES OF DEATH?  YES NO NO
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OR he ho		22b. SIGNATURE	1 1 St. 1		DEGREE ATTENDING	MEDICAL STAF	F DATE SIGNED
TAL by the ERAL State details		22d PHYSICIAN'S NAME (TYPE	OPPRINT		M.D. ATTENDING PHYSICIAN	DIRECTOR PHYSIC	FIAN X 4/6/86
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DHMH - 16 60M 7/84 (VRA 15, 4)

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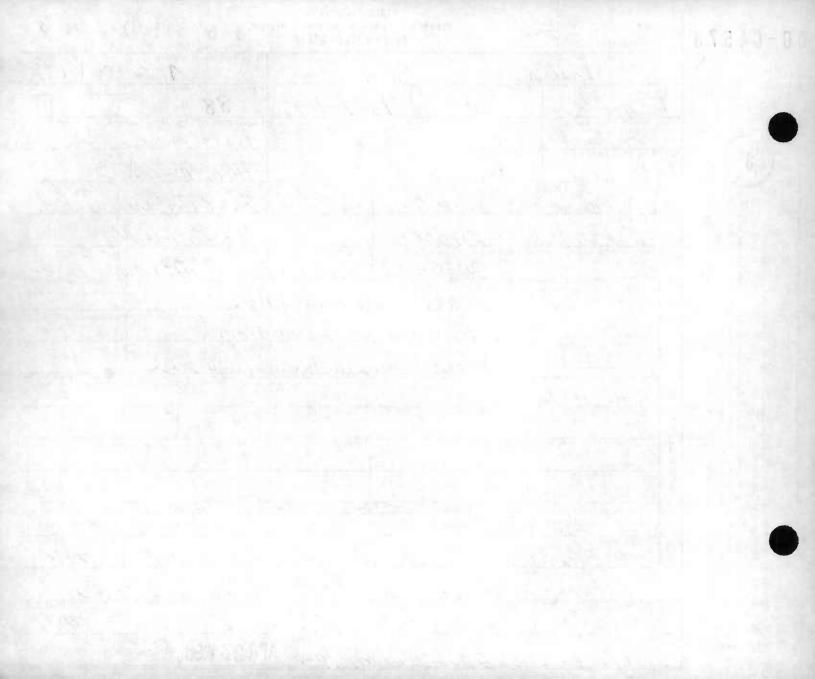
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Page   Page	(YES, NO OF UNKNOWN) (IF YES, GIN	MED FORCES? 16b. SOCIAL SECURITY NO. 217-03-9419	D. 17. INFORMANT	ADDRE	r Street 212	24
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AL OF the AL DIII setach ste De	22b. SIGNATURE	fr	DEGREE ATTENDING PHYSICIAN	MEDICAL STAR		SIGNED
ro Hospital retained by the TO FuneRal should be det with the State	And 100	Ochin	120 ADDRESS	- dein Aus		
BP	30. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		ens of Faith	Overlea.	Balto Co. M	STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	funeral director (harles S. Zeiler	e & Son Inc. 6224 Ea	stern Ave. 25a. DAT	PR 15 1986	25b. REGISTRAR'S SIGNAT	

STATE OF MARYLAND

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te.	the t		10. CI	TY OR TOWN OF DEATH		ME OF HOSPITAL	, NURSING HOME GIVE STREET ADDRESS)	OR OTHER INS	TITUTION	120 USUAL OCCUPAT			F BUSINESS OR
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MARYLAND 2120) ed within 24 hours		o isi De	13a. S	TATE 13	b. COUNTY		OR TOWN	13d. INSIDE (	ITY LIMITS?	13e. STREET ADDRESS	Balto	., Md.	
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with	d 2 sh	an and an	14. FA	THER'S NAME FIRST	MIDDLE		LAST	15. MOTHER	S MAIDEN NAM	MIDDLE		LAST	
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T Pe	a s	0 /				215-	48-0184	Doris	H. Campb	ell			1227
ST., BAI	nysic ope	T, T		18. CAUSE OF DEATH (	Enter anly ane co	ause per line for to	a), (b), and (c)		10	- 11-0 1	1. 11	BETWEEN O	MATE INTERVAL INSET AND DEATH
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N 4	ndin corb	010		Director	DUI	E TO, OR AS A CO	ONSEQUENCE OF						
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Howard K. McComas III, Abingdon, Md. 21009

(VRA 15, 4)

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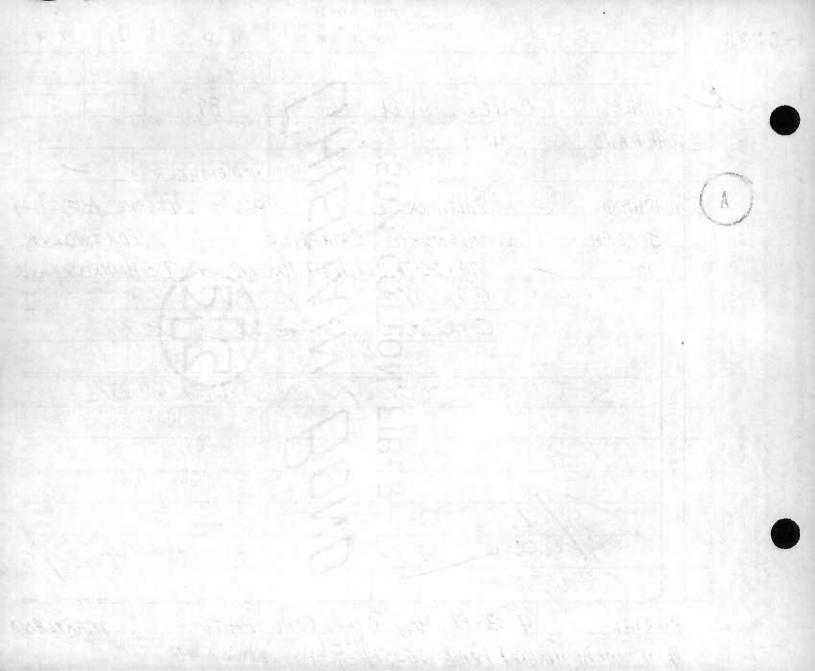
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DHMH - 16 60M 7/84 (VRA 15, 4)

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6500 York Rd.

MITCHELL-WIEDEFELD HOME. INC.

(VRA 15, 4)

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Implie profits (2004) . Similar - First (2004)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

23c NAME OF CEMETERY OF CREMATORY 230. BURIAL, CREMATION, REMOVAL Burial King Mem. Pk. 4/7/86 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 Wm. C. MARCH F/H INC. 4300 WABASH AVENUE (VRA 15, 4)

FOR

Randallstown. Md. 250 DATE REC'D. BY REGISTRAR 256, REGISTRAP'S SIGNATURE

2b. HOUR

126 KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Sec.

NO I

STATE

86

IF UNDER 1 YEAR

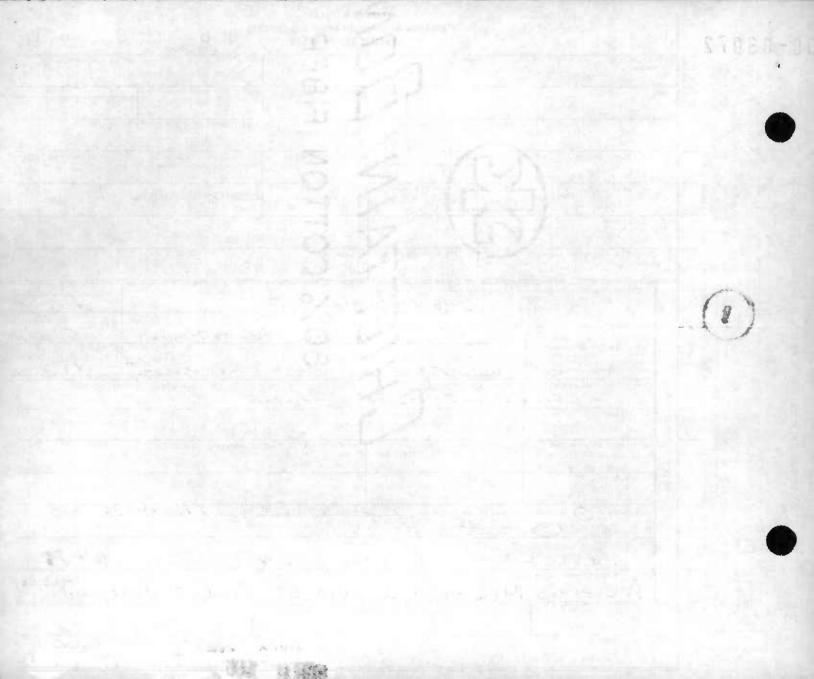
INDUSTRY

Butler LAST

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

COUNTY

22c. DATE SIGNED



## 00-0602.00 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 20 DATE OF DEATH MONTH TTYPE OR PRINTI Dorothy Louise Haddaway S. SEX A RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) MONTH 12, 1899 Oct. Female. White THE BIRTHPEACE ISSUED OF FOREIGN Th CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Unknown U.S.A. Baltimore City WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE Francis Scott Key Medical Center Housewi £e Baltimore OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONA UNTY 13c. CITY OR TOWN Rt. 2 Box 144-B 13d INSIDE CITY LIMITS? Maryland Kent Rock Hall FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST Louis Tarchie Unknown WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17. INFORMANT Balt. 103-12-7067 Barbara A. Downs. 3453 Liberty Parkway 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: MY OCAKDIAL INFARCTION Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION IN CERTIFYING CAUSES OF DEATH? 71a ACCIDENT WAS UNDERLYING 716 TIME OF INJURY (ENTER NATURE OF INJURY IN ITEM 18 PART I ORPART 2) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21f. LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN NOT WHILE 22a I certify that (1) (this hospitally attended the deceased from ond that in (my) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on\_ 12h SIGNATURE PHYSICIAN DIRECTOR PHYSICIAN should be a with this Sh 77+ ADDRESS Harry P. Ross. MD 516 Washington Ave., Chestertown, MD 21620

STATE OF MARYLAND

DHMH - 16 60M 7/B4 (VRA 15, 4)

Tom Helfenbein Funeral Home, Rock Hall, MD

05-01-86

23b. DATE

23a. BURIAL, CREMATION, REMOVAL

Burial

(SPECIFY)

24 FUNERAL DIRECTOR

23d LOCATION

Chestertown

23¢ NAME OF CEMETERY OR CREMATORY

Chester Cemetery

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

COUNTY

77: DATE SIGNED

STATE

STATE

F UNDER I YEAR

AONTHS DAYS

12b. KIND OF BUSINESS OR

00-02968

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DEPARTMENT OF HEALTH AND MENTAL HYGIENI

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DATE OF DEATH	MONTH 4	5	YEAR 86	1	3 D	. N
GE (IN YEARS LAST B	HRTHDAY)	IF UI	NDER I YE	AR	FUNDER 24	HRS

REGISTRAR				CERTIF	ICATE OF D	EATH	8 8	NO.	1 0	1 5	4
1. DECEASED NAME	FIRST		MIDDLE		AST		20. DATE OF DEATH	MONTH	DAY YEAR	2b HOU	JR
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3. SEX		4. RACE		5. DATE O	OF BIRTH	VEAD	6. AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DAY		MIN.
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10. CITY OR TOWN OF	FDEATH		HOSPITAL, NURSIN		OR OTHER INST	ITUTION	120 USUAL OCCUP.  (TYPE OF WORK FOR MO:  Homemak		12b. KIND INDUSTR	Home	ESSOR
MARYLA			K NURSING				Homemak	er		Home	
USUAL RESIDENCE (# 130. STATE Maryland	13b COUN		Baltimo	N	13d. INSIDE CI	TY LIMITS?	121 Reges	ter A	ρέ.	212	212
14 FATHER'S NAME		MIDDLE	- LAST		15. MOTHER'S					e A C T	
Leuis	]	MIDDLE	Walger		F	Terence	e A dibbil		Hac	K	
160. WAS DECEASED E		MED FORCES?	166 SOCIAL SECU		17 INFORMAL			DRESS			
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190 DATE OF OF	PERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFOI	RMED	20a AUTOPSY?	20b IF Y	ES, WERE FINE	DINGSTISE	0
TEIC							YES TO NOT	IN CERT	TIFYING CAUS	ES OF DEAT	TH?
OR COLUMNIA TO THE	CAUSE OF DEA	HOUR A.	M. MONTH DA	Y YEAR	21¢ HOW IN.	IURY OCCURE	RED (ENTER NATURE OF	NURY IN ITEM 18	8 PART I OR PART 2	)	
(IF EITHER NOTIFY 21d. INJURY OC	CURRED	21e PLACE	OF INJURY	I DIL FYC I	211 LOCATIO	N	CITY OF	TOWN	COUNTY	<	STATE
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saw the de	cented alive on	11/1	e deceased from 19	11.4	nd that in (my)	, 19 8	death accurred on the	date and he	. 19 0 6 our and fram th	he causes sto	
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10 1	5.1	tonit	10 16		11-0500	ich T	100 W 4	11/2	St 1/2	1/40	2/2

IMPORTANT: If Item 21 is 230. BURIAL, CREMATION, REMOVAL (SPECIF Burial

FOR

24 FUNERAL DIRECTOR ADDRES5 21204

BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

23d LOCATION

Ruck Towson Funeral Home Inc.

4/8/86

1050 York Rd

23c NAME OF CEMETERY OR CREMATORY Druid Ridge Cemetery

Pikesville Balte.

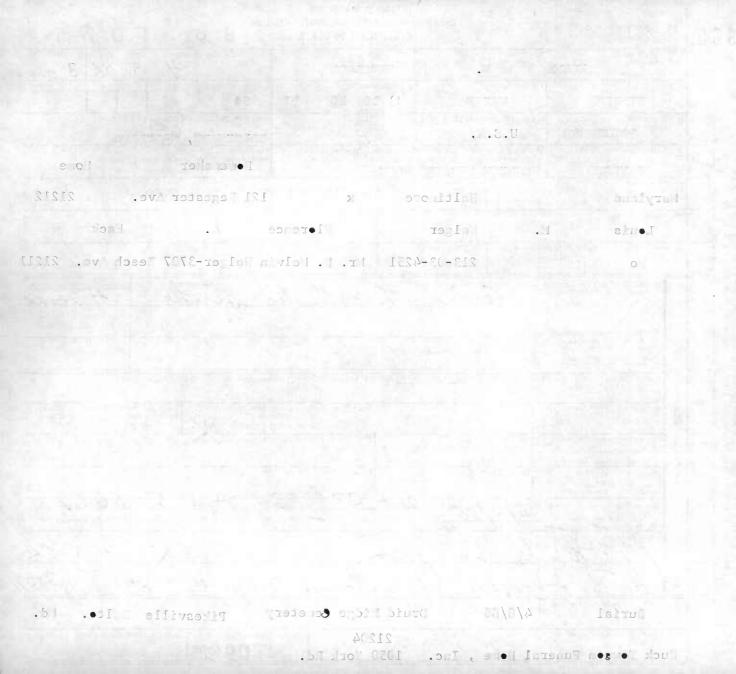
Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After should be detached for use as with the State Dept. of Health

etained by the hospital or attending physician

BP.



24. FUNERAL DIRECTOR Loring Byers Funeral Directors. Inc.

8728 Liberty Road Randallstown, Maryland 21133

- STATE

DHMH - 16 60M 7/84

(VRA 15, 4)

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

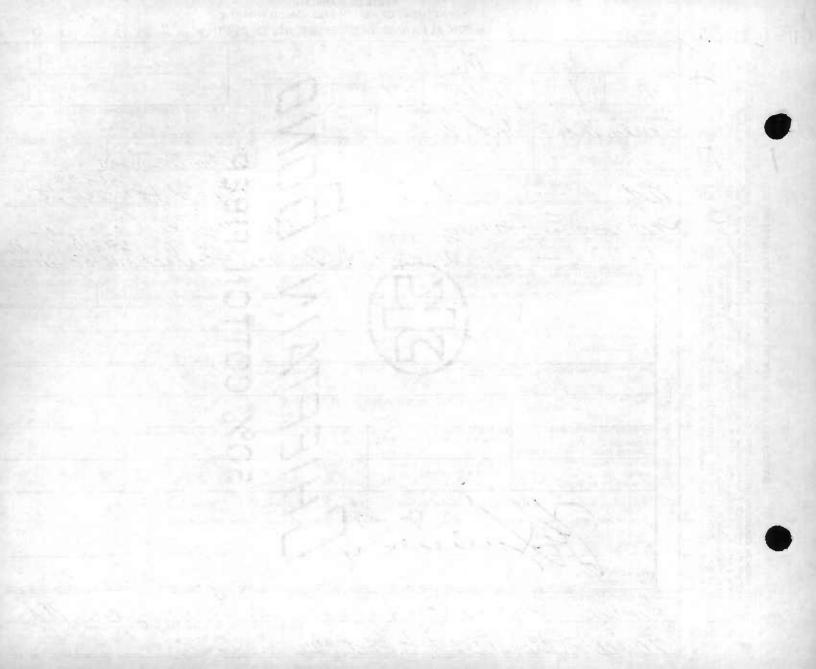
126. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY 13. STREET ADDRESS / ZIP CODE 1801 Homer Ave. 21215 LAST 28570 North Carolina Newbort TO DA FAILURE 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) COUNTY STATE and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED DIRECTOR PHYSICIAN 2121 Carroll Maryland REGISTRAR'S SIGNATURE

REG. NO

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S NECESSARY, PLEASE FUNERAL DIRECTOR. E FUNERAL DIRECTOR. E S FOR YOUR FILES. D. WITHIN 72 HOURS W. PRESTON STREET.		<i>E</i>	ula Md. a	L. S.a.				imore Ci	tv	MD
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T., BALTIMORE, MD.  URS AFTER DEATH. IF.  18. GIVE PAGES 1, 2, 3, WITH FORM PM 3.  NI. PAGES 1 AND 2 SI, 2, 5, DIVISION OF FUEL.	1	16e. W (YE	AS DECEASED EVER IN U.S. ARMED FO	RCES? 166. SOCI	AL SECURITY NO.	17. INFORMANT	0011	PRESS ASI	1230 -	ust.
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			18 CAUSE OF DEATH (Enter only one of PART I DEATH WAS CAUSED BY:	ause per line for (a), (b),	and (c).)		0	0	APPROXIMA BETWEEN ONS	TE INTERVAL
ON SIEN	VAL	2	IMMEDIATE CAUS			Drowning				
IN ALEST	WO	43	Conditions, if any, which	DUE TO, OR AS A CONS	EQUENCE OF					
MAN CHANGE	R R	100	gave rise to immediate	(b)						
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TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENDING THE PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITO THE CHIEF MEDICAL EXAMINER ALONG WITO TO THE CHIEF MEDICAL EXAMINER ALONG WITO THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE.	5		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING TO DEATH OUT NOT BELLATE	O TO THE YERMAN OF	TACK OR CONDITION CHICK				
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DHMH - 17		1	NERAL DIRECTOR	ADDRESS)	1930	25a. DA	TE REC'D. BY REGISTRAR	HEGISTRAR'S S	IGNATURE	02
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ental-fransi ental Hyg Item 18 sh		21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		H DAY YEAR	21c HOW INJURY OCCUP	RED (ENTER NATURE OF INJUI	EY IN ITEM 18 PART T	OR PART 2)			
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2 4 5		saw the deceased alive an abave, (I) (we) (did) (did no	it) view the body after death.	_19_ <b>16</b> _, one	I that in (my) (aur) apinion	death occurred an the do	ite and hour and	d fram the cau	ses stoted		
thed tem		22b. SIGNATURE	. 0	D	EGREE	/		22c. DATE SIG	NED		
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- 0 3 <	23a.	BURIAL, CREMATION, REMOVAL			METERY OR CREMATORY	23d. LOCATION CITY OR TOWN	ro	DUNIY	STATE		
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DHMH - 16 50M 1/81 (VRA 15, 4)		tchell-Wie	defel	d Home	6500 N	Ress Balton York Roa	, Md. d 21212	25a. DATE R		The REGIST	MASSIGNA	meet.	

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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 00 - 05127CERTIFICATE OF DEATH OREG. NO. REGISTRAR I. DECEASED NAME 20. DATE OF DEATH page 3 Louvine Hall 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR Black Male O BIRTHPLACE I STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED [ NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF SINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore Retired BALTIMORE, MARYLAND 21201 USUAL RESIDENCE 130 STATE 13b. COUNTY 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? 1304 W. Lexington St. NOF 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE Luther Hall Emma Julia Taylor 17 INFORMANT NW D.C. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO LYES NO OR UNKNOWN (IF YES, GIVE WAR OR DATES) Mrs. Dorothy Smith1648 Floria no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH paper 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) PART I. DEATH WAS CAUSED BY PRESTON ST., IMMEDIATE CAUSE OSSIBLEMES Conditions, il ony, which gove rise to immediate couse loi, stating ONSEQUENCE OF underlying couse a PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IA DIVISION OF VITAL RECORDS, CERTIFICATION ASCUN prior 20a AUTOPSY? 206 IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? urial-tronsit per 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH ( IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 211. LOCATION 21e PLACE OF INJURY ö CITY OR TOWN COUNTY STATE (AT HOME STREET FACTORY, OFFICE, FARM ETC ) STREET NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above (1) (we) (did) (did now 775 SIGNATURE DEGREE 17L DATE SIGNED MEDICAL ATTENDING. STAFF should be deto PHYSICIAN DIRECTOR PHYSICIAN [ 274 PHYSICIAN'S NAME 22e ADDREST 230 BURIAL, CREMATION, REMOVAL Burial 23c NAME OF CEMETERY OR CREMATORY 4/29/86 Baltimore King Mem. Park Md. 24 FUNERAL DIRECTOR 250 PATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE APR 2 9 1986 DHMH - 16 50M 1/B1 Leroy O. Dyett 4600 Libers Hghts. Ave. (VRA 15, 4) way sien- Handelle

STATE OF MARYLAND

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## 20 DATE OF DEATH DECEASED NAME (TYPE OR PRINT) 3. SEX 4 RACE 5. DATE OF BIRTH LINEYEARS LAST BIRTHDAY BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY DIVORCED WIDOWED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION CITY OR TOWN OF DEATH SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI 136 COUNTY CITY OR TOWN 13d INSIDE CITY LIMITS? NO FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES. NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one couse pe PART I. DEATH WAS CAUSED BY Conditions, if ony, which gove rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? bei NO Hygier 710 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH and Mental MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY orked or CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220 | certify that (1) (this hospital) attended the deceased from. saw the deceased alive an\_ above, (1) (we) (did) (did not) view the body after death should be detached with the State Dept. 22b. SIGNATURE DEGREE ATTENDING MEDICAL FUNERAL MPORTANT 22e ADDRESS 0 230 NAME OF CEMETERY OR CREMATORY 23b. DATE BP

FOR

REGISTRAR

- STATE

DHMH - 16 60M 7/B4

(VRA 15, 4)

12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY 3e.STREET ADDRESS / ZIP CODE CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 COUNTY STATE and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated DIRECTOR PHYSICIAN COUNTY 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE ichia Davidson

STATE OF MARYLAND

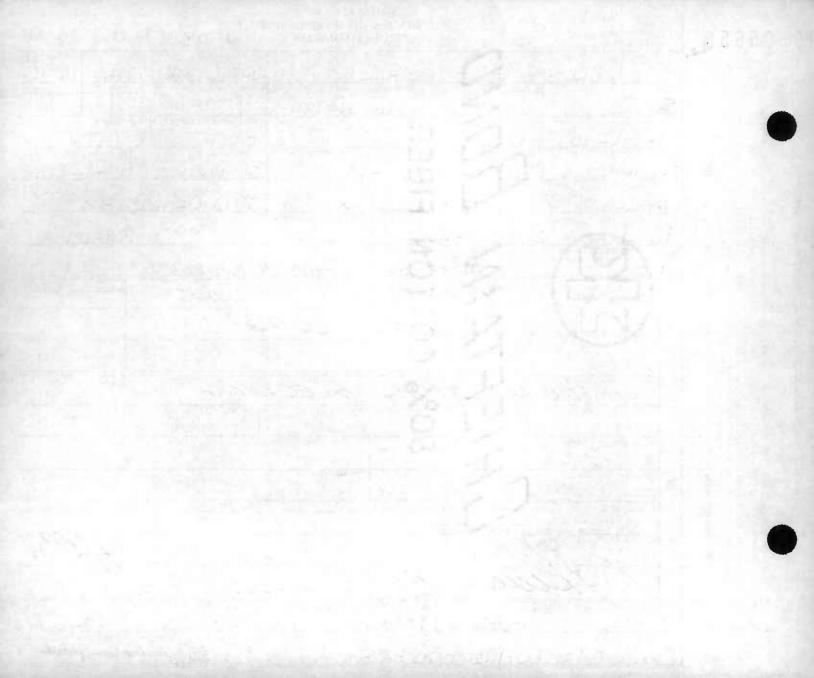
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

7h HOUR

IF LINDER LYEAR

DAYS



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OR ATTEN he hospital DIRECTOR: cached for us Dept. of He		22b. SIGNATURE	ATRANZIO DA	DEGREE		DICAL STAFF	221. DATE SIGNED 4-8-86
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23c NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/84 (VRA 15, 4)

Burial
24 FUNERAUDIRECTOR HICKS HOME for FUNERALS, ELKTON, MD. 21921

23b. DATE

4-14-86

230. BURIAL, CREMATION, REMOVAL (SPECIFY)

Childs, Maryland 21916
REGISTRARSACHUSE, MARYLONGE, MAR

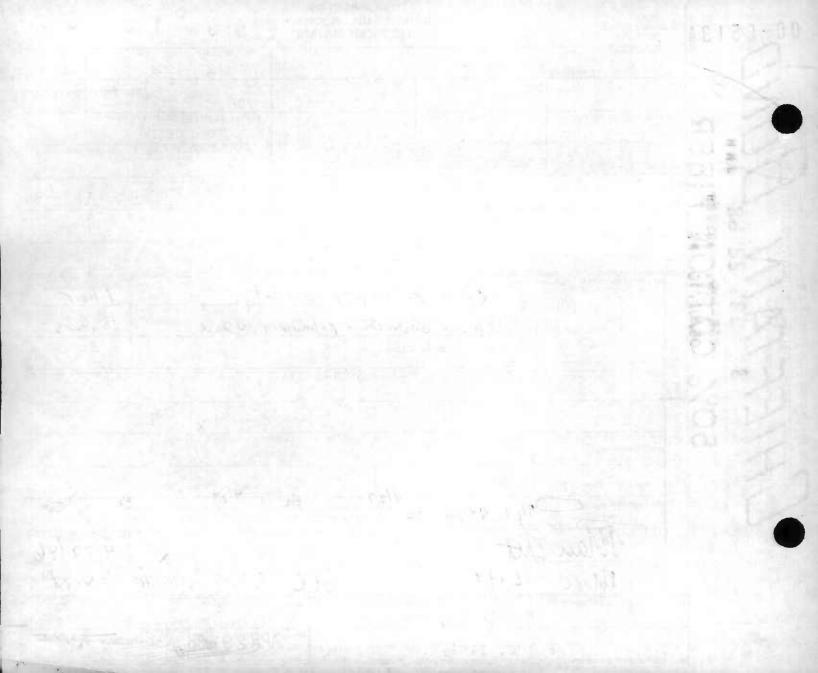
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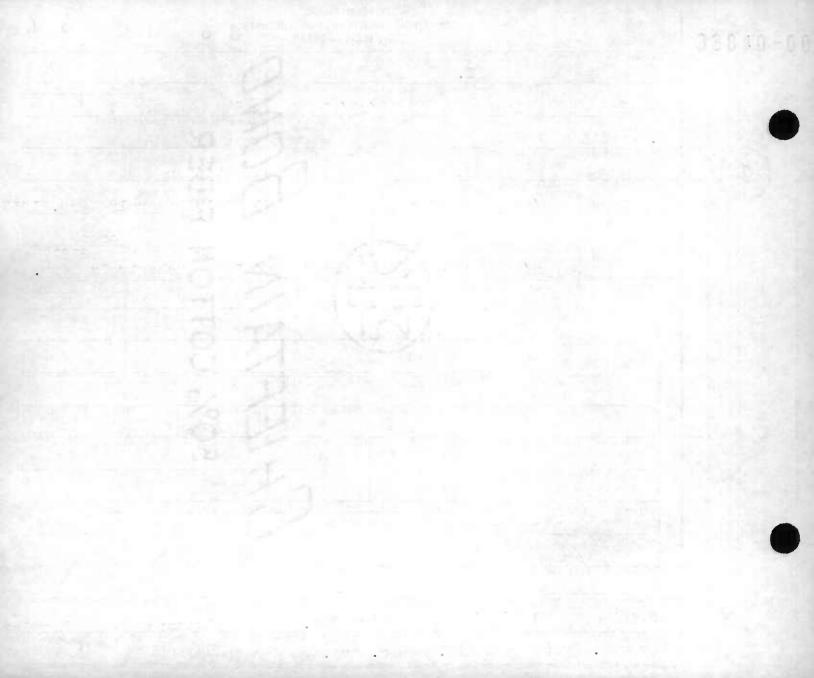
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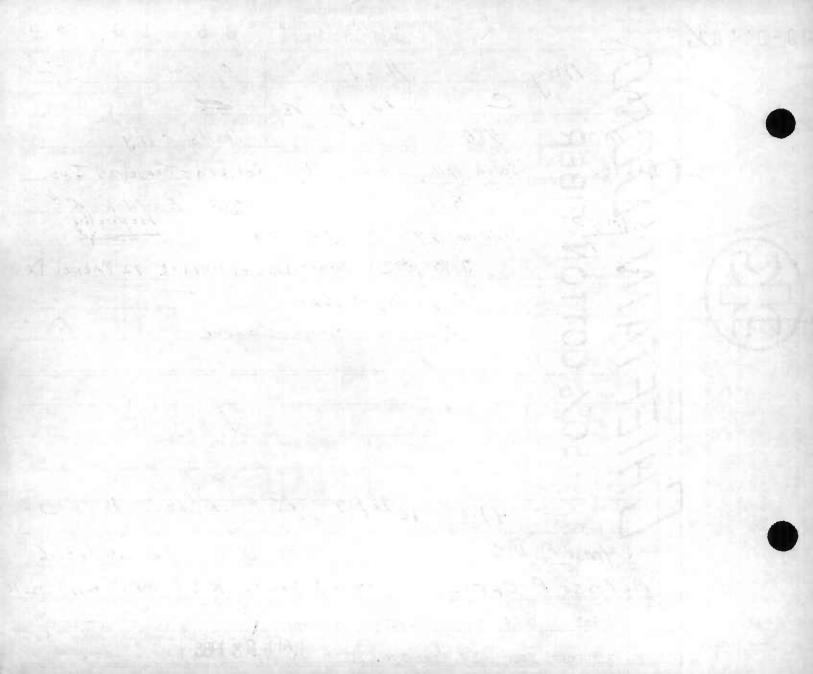
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STATE OF MARYLAND



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DHMH - 16 60M 7/84		NAME	ADDRESS		APR 23	1986 J. A.	RAK S SIGNATURE	1202
(VRA 15, 4)	6	onnelly Funeral H	lome 300 Mace	Ave. 21221	-0	Janes of	300	



Helen Handler, 6816 Broening Road, 21222 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? (ENTER NATURE OF INJURY IN ITEM IS PART I OR PART 2) COUNTY ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED COUNTY 4/14/86 Burial Loudon Park Cemetery Baltimore 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Hubbard Funeral Home, Inc., 4107 Wilkens Ave.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

76 HOUR

12b. KIND OF BUSINESS OR

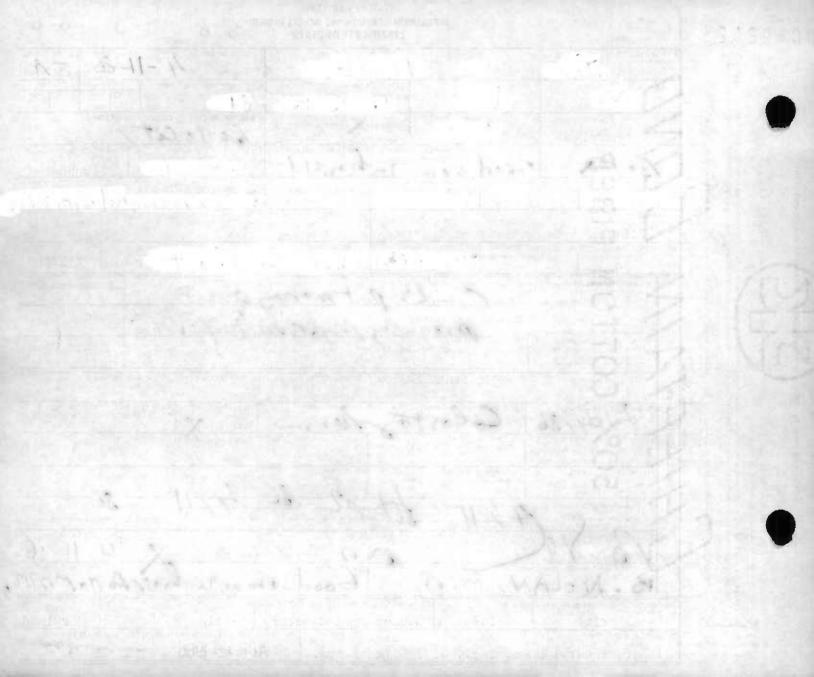
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DHMH - 16 60M 7/84 (VRA 15, 4)

FOR

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JSIC	EPA PRK PRK	MEDICAL	214 INJURY OCCURRED	71e PLACE C	OF INJURY (AT HOME		CATION		
5	/RITION OF THE DOCUMENT OF THE	Z	WHILE NOT WHILE	STREET, FACT	TORY, FARM, ETC )		STREET	CITY OR TOWN	COUNTY STATE
	E, WR SWARI PAGE STATE								
	A S S H S			charge of the remains des	cribed abave, held a	n Autap	sy , Inspectio		apinian
	EXAMII CERTIFI ULD BE DIRECT WITH WARYLY		death resulted fram:	Natural causes	Accident   ,	Suicide	, Hamicide	Undetermined manner,	
	A SA		ACTUAL ALON	What Now	1. 86 1	16	TTLE (SPECIFY)	DAT	(F
	SHE SHE		SIGNATURI COLO	MAN MAN	my 1	Tan W	Assistant	MEDICAL EXAMINER SIG	
	MEDIC CUTE T SE 4 SP FUNER ER DEA	4	EXAMINER'S NAME DE	ennis F. Smy	the M.D.		111 I	Penn St., Balto., N	MD 21201
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHEKECUTE THE CERTIFICATE, WRITING THE WOI PAGE 4 SHOULD BE FORWARDED TO THE C TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT OF THE STATE DEPARTMENT.	772.	(TYPE OR PRINT)	-			ADDRESS		
		230.6	SPBURIAL	4-8-86	23c. NAME OF CEDAL	RHIL	L		OUNTY STATE
07/84 25M	BP	24 F	UNERAL DIRECTOR					ANNE ARUNDEL REC'D. BY REGISTRAR':	MARYLAND
	DHMH - 17		WM.C.MARCH	F/H INCADDRESS	101 E.NO	ORTH .		20 K	11. 72.4.00
	(VR A15 ME (5))						AF	00 0 1 1086 7 1	(UDSIV-IV-IV-IV-IV-IV-IV-IV-IV-IV-IV-IV-IV-I
							6.64		

shauld be detached for use as the burial-transit permit. Then please remove corbon pape: with the State Dept. af Health and Mental Hygiene priar to burial, cremation, or remaval. ATTENDING PHYSICIAN: The

FOR - STATE REGISTRAR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

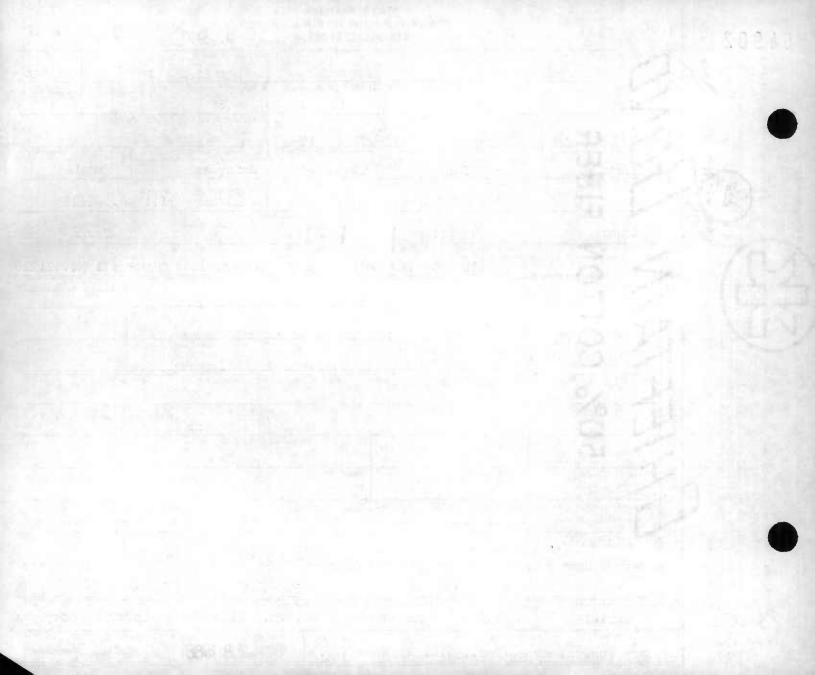
8	6 REG NO	a.	0	1	6	8
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	CEASED NAME FIRS	7	AIDOLE	L.	AST		2a. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
1		seph		Н	ARDING		April 2	25, 19	186	11:10A
3 SE	X	4 RACE		5. DATE C		WC + 0	6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
5	Male	Wh	ite	8 8	19	19	66	YRS	MONTHS	NOOKS MIN.
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER M	ADDIED X	9 BALTIMORE CITY O	R COUNTY	OF DEATH	
	Maryland	US	A	WIDOWE		ORCED	Baltin	ore C	City	MD.
10 C	ITY OR TOWN OF DEATH		HOSPITAL, NURSING		R OTHER INST	ITUTION	120 USUAL OCCUPATI		126. KIND (	OF BUSINESS OR
	Baltimore	Ma.	ryland Ge	General Hospital Handyman			WORKING (II	Far	ming	
13a. S	AL RESIDENCE (IF NURSING HOSTATE 136 C	ME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE		13d INSIDE CI	TY LIMITS?	13e STREET ADDRESS	ZIP CODE	E	
M	laryland		Baltimor		YES X	NO 🗌	130 STREET ADDRESS 1 1231 Have	chill	Rd., 2	21229
14 FA	ATHER'S NAME	MIDDLE	LAST		15 MOTHER'S		ME		I.A.	ST
	Ernst		Hardin	ng	E	fla			Par	ks
	VAS DECEASED EVER IN U.S	S. ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMAL	VT T	ADDRE	SS		
	No		218-24-04	409	Claren	ce J. A	Andrae, 123	1 Hav		
	18 CAUSE OF DEATH IEnt	er only one couse per	line for (o), (b), and	ficul					APPRO: BETWEEN	XIMATE INTERVAL LONSET AND DEATH
	PART I. DEATH WAS CA	DIATE CAUSE (D)	Pneumoni	a, ~ c	of the	right i	pper lobe.			
	100	DUE TO O	R AS A CONSEQUE	NCE OF						
	Conditions, if any, which				rebrova	scular	accidents			
100	gove rise to immediate couse (a), stating the							1 101		
1.53	underlying couse los	1000,0	R AS A CONSEQUE		ma a a					
	PART 2 OTHER SIGNIFICA	(5)					le malignand		/FALD   DADT 1	
Z	PART 2 OTHER SIGNIFICA	an conditions <u>co</u>	DIVINIBOTING TO D	EATH BUT	NOT RELATED	IO INE IERM	INAL DISEASE OR CON	DITION GIV	VEN IN PART I	10.
CERTIFICATION	190 DATE OF OPERATION	19b. COND	TION FOR WHICH	OPERATIO	N WAS PERFO	RMED	20g AUTOPSY?	20b. IF YES	S, WERE FINDI	NGS USED
IFIC							YES NORK	1	FYING CAUSES	S OF DEATH?
ERT	21g. ACCIDENT WAS UNDERLYIN	G 21b. TIME O	FINJURY	-	21c HOW IN.	URY OCCURR	ED (ENTER NATURE OF INJU			140
	OR CONTRIBUTING CAUSE				-77					
MEDICAL	21d INJURY OCCURRED	21e PLACE		19	211 LOCATIO	N				
ME	WHILE TO NOT WHILE T	CAT HOME STR	EET, FACTORY OFFICE, FA	RM ETC )	STREET		CITY OR TO	WN	COUNTY	STATE
	220.1 certify that (by (this		a decorred from	April	9	1986	, April	25	10 86	that ( <b>K</b> (we) last
	sow the deceased alivabove, (hytwe) (did) (d	e on April	2519				death occurred on the di		. /	, , ,
110	above, (hylwe) (did) (d 22b. SIGNATURE	idynat) view the bady	after death.		DEGREE					SIGNED
	IA	Nortenero	m	1		TENDING 1	MEDICAL STAI	F _	220.07416	310.120
	22d PHYSICIAN'S NAME (	7-		- 1	122 ADDRESS		DIRECTOR   PHYSIC	IAN		
		Nkwanyuo,	$M \cdot D$				ryland Gene	eral h	lospita	7
22. 5				AME OF C	EASTERY OR C		123d LOCATION			
	BURIAL, CREMATION, REMO SPECIFY Burial	236. DATE 4/28			ridge M			Н	oward	Maryland
24 FI	INTERNAL DIRECTOR					Inc. 0 470	E REC'D. BY REGISTRAR			
U	bbard Funeral	Homo In	ADDRESS	Wilks	2122	AF	R 2 8 1986	9 .		50 1
nu	buald runeral	. nome, in	., 410/	MIIKE	ns Ave.		5 0 1300	June	Davidson	

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR:

TO HOSPITAL



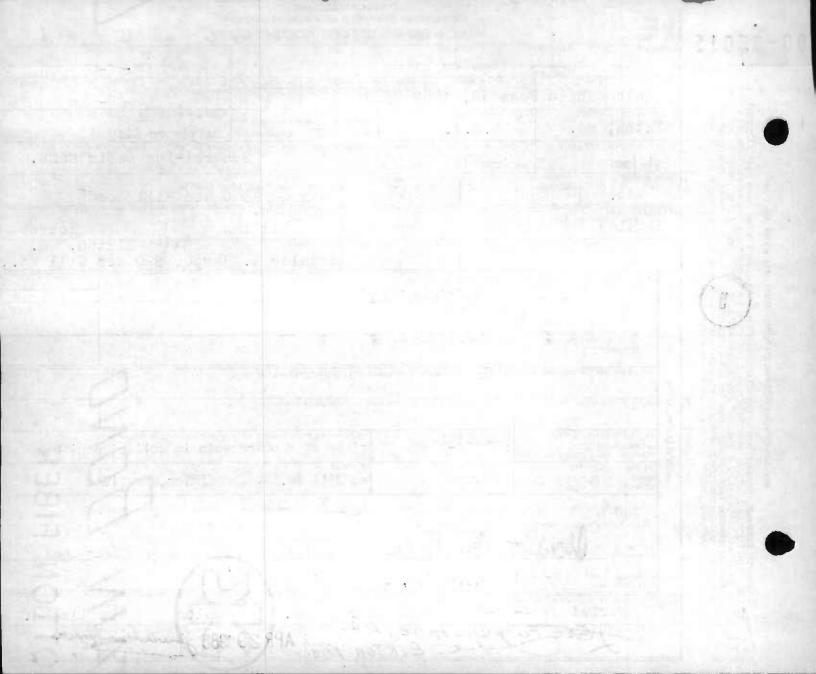
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ope 4 m	1. SE	F	4. RACE B	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS
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5 1138	ar c	OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSII	NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	7b. KIND OF BUSINESS OR INDUSTRY
NO 212		AL RESIDENCE IF HURSING HOME OR 13b COUN	OTHER INSTITUTION GIVE RESIDENCE BEFOR		13 STREET ADDRESS / ZIP CODE	6- A121959
ARYLAN CONTRACTOR	14. 5	Danca	MIDDLE ROLLAND	15. MOTHER'S MAIDEN NA	ME MIDDLE	[-1451 . 1.11]
MORE, M		VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES	JRITY NO. 17 INFORMANT	ADDRESS	RNIAH
of W. PRESTON ST., BA that the death certification for the attending physic one remove carbon page of cremotion, or ismostic coher traumatic event, it		PART I. DEATH WAS CAUSE	Ity one cause per lipe for (a), (b), ard D BY:  FE CAUSE (a)	espiratory Ari Imassive mycara	rest Vial infarction	APPROXIMATE INTERVAL  BETWEEN ONSET AND DEATH
RECORDS, 20 n to the requires n to the price of the pite price to buring the price to	CERTIFICATION	PART 2 OTHER SIGNIFICANT C PER 1 PACEUL 190 DAJE OF OPERATION	lascular Discas	OPERATION WAS PERFORMED	O 200 AUTOPSY? 20b. IF YES IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH?
N OF VITAL NO PAPERSON OF APPRICATE OF APPRI	REAL	216, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	21b. TIME OF INJURY HOUR A.M. MONTH D P.M.	AY YEAR	YES NO YE	S NO ART I OR PART 2)
DIVISION WG PHY catter that of the but the ond M carked or	MEDICAL	WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.)	CITY OR TOWN	COUNTY STATE
ATTEND ouplied o eECTOR. 4 ed for use of for use m 21 is m		220.1 certify that (1) (this haspin sow the deceased alive an alian (1) we (did) this has 77b SIGNATURE	tol) ottended the deceased fram		death accurred an the date and have	
SPITAL OK 1 by the DR MERAL DIR De detailth	1	THE PHYSICIAN'S NAME (TYPE O	Inglina	DEGREE MD ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	120 DATE SIGNED.
TO HOSPITA TO FUNIES Thould be dishould be 51st the 51st		Paul R R	ingelman	Univ of	Md Hospita	/
ВР	1	URIAL, CREMATION, REMOVAL	4-28-86	NAME OF CEMETERY OF CREMATORY	23d. LOCATION PER G	sorge met
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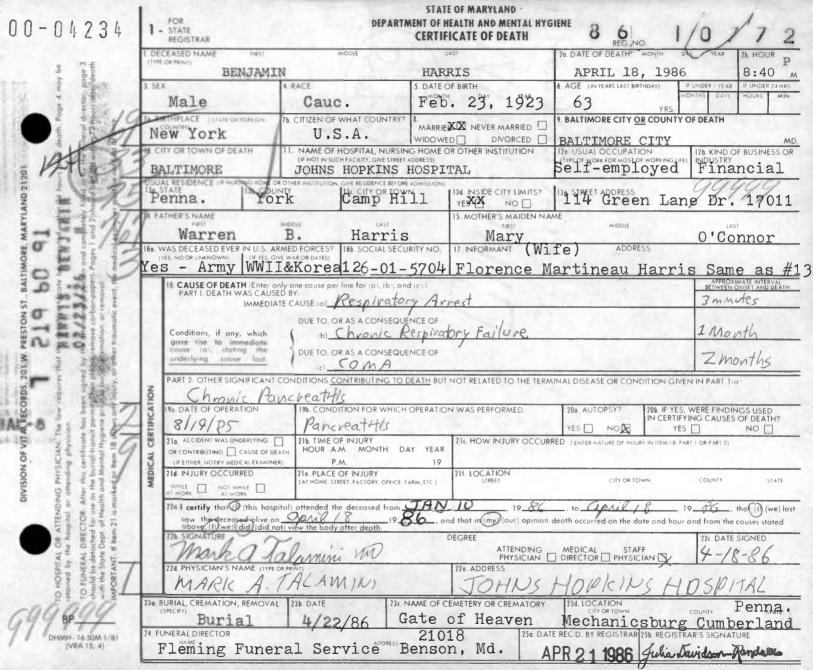
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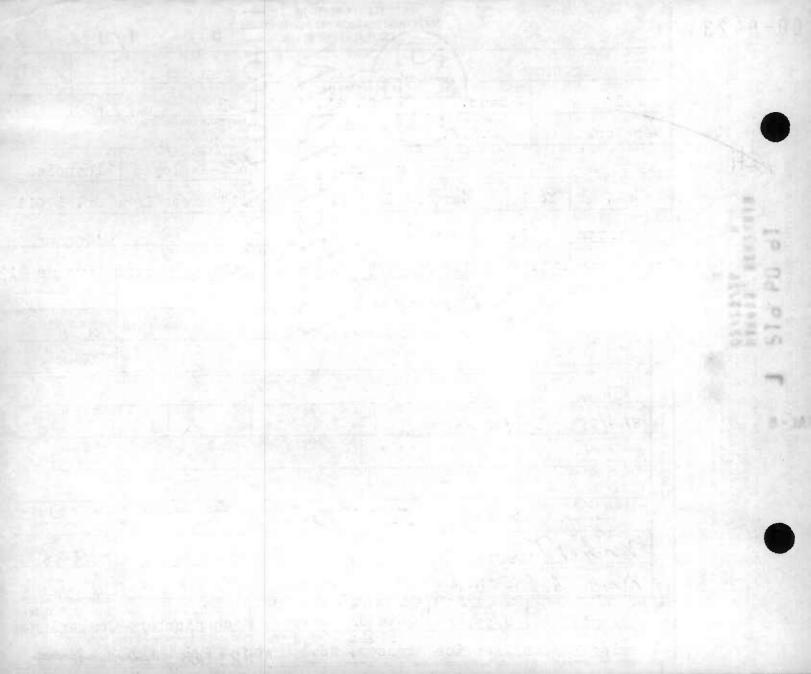
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03968		REGISTRAR		CERT	IFICATE OF DEATH	8 RES. N	
en <del>ξ</del>		OR PRINT)  MABEL	WIDDIE	U	ARMAN	20 DATE OF DEATH	MONTH DAY YEAR 26. HOUR
page 3	3. SE		G.		E OF BIRTH	6. AGE (IN YEARS LAST BIR	THOAY) IF UNDER I YEAR IF UNDER 24 HRS.
ars ofter	3. 3E	-	W	MC	ONTH DAY YEAR	83	MONTHS DAYS HOURS MIN.
2 20		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT	COUNTRY? 8 MAR	RIED NEVER MARRIED	BALTIMORE CITY O	DR COUNTY OF DEATH
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944		Balto Balto	ONION'	Mem dr	E OR OTHER INSTITUTION	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O Mang. Sect	DE WORKING LIFE) INDUSTRY
3	13a. S	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	NTY 13c. C	sidence before admission ITY OR TOWN Baltimore	13d. INSIDE CITY LIMITS	? I3e STREET ADDRESS	ZIP CODE Wood Rd Apt 268 21239
2 sh	14 FA	THER'S NAME			15 MOTHER'S MAIDEN	NAME	
300	Jo	ohn Edward Sewel	MIDDLE	LAST	Mary	A. Cook	LAST
ical	16a V	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 S	OCIAL SECURITY NO		ADDRE	Timonium, Md
Pages	No		(E WAR OR DATES)	6 05 7557	A Jerrie S.	Yoder. 2522	Lawnside Rd 21093
on papers emavol. event, the		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	lly one couse per line fo D BY:	er (o), [b), and (c).)	1CHY CARDIN		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ZDMIN
		IMMEDIAT					8
nove corb lation, ar r traumotic		Conditions, il ony, which	( (b) AW	TE PULMO	NARY EDEMA		5 HRS
leose remoi iol, cremati ar other tro		gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A	CONSEQUENCE OF		(4)	5 Nes
pleo uriol		PART 2. OTHER SIGNIFICANT (					
Then to b injun	NO	RECENT LARGE	ANTERIOR	MYOCARDIN	U INFARCTION		
Sws ony	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION	FOR WHICH OPERA	TION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
burial-tronsit per Mental Hygiene or Item 18 shows		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. A	MONTH DAY YE	AR	CURRED (ENTER MATURE OF INJU	RY IN ITEM 18 PART 1 OR PART 2)
Ment	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	P.M. 21e. PLACE OF IN		9 21f. LOCATION		
alth and Mental	ME	WHILE NOT WHILE AT WORK		TORY, OFFICE, FARM, ETC	STREET	CITY OR TO	
Healt is m		220.1 certify that (1) (this haspi		0360 110111	11 10 19 8		, mor (ii <u>marri</u> osi
t. of m 21		sow the deceased alive an above, (1) (we) (did) (did no	t) view the body ofter o	leath.		non death occurred on the de	ote and hour and from the couses stated
Dept. of		226. SIGNATURE	2000		DEGREE ATTENDING	G /MEDICAL STAI	FF 22c. DATE SIGNED
old be dete		Randolph C. W.			PHYSICIAN	MEDICAL STAIN DIRECTOR PHYSIC	CIAN 14/16/80
shavid be deta with the State [ IMPORTANT: If		RANDOLPH 6. L		n 23		HAL HOSPITAL	
5 % 3 K	23a. E	BURIAL, CREMATION, REMOVAL		23c. NAME O	F CEMETERY OR CREMATO	RY 23d. LOCATION CITY OR TOWN	COUNTY STATE
	Br	ırıal	04/18/86	Loudo	n Park Cemete	ery Baltimor	re, Maryland
50M 4/83		UNERAL DIRECTOR		ADDRESS			25b. REGISTRAR'S SIGNATURE
15, 4)	Bu	rgee-Henss Fine	eral Home 3	631 Falls	Road21211	APR 1 8 1006	Auria Davidson Randalle

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO. 20. DATE KNOWNXX L DECEASED NAME 2h HOUR OF ESTI- 04-22-86 19 LTYPE OR PRINTI NEC SSARY, PLEASE UNERAL DIRECTOR." S FOR YOUR FILES. WITHIN 72 HOURS PRESTON STREET, Stanley MARK HARPER 4. RACE 5 DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. 2d. HOUR IF UNDER 24 HRS DATE PRONOUNCED Male White June DEAD 4-22-86 119 9:40R 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIED NEVER MARRIED EIK CON! Md. U.S.A. Baltimore City WIDOWED DIVORCED OCITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 20 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Gerrerain Hog Cabin Many. Baltimore University Hospital STU SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 134. CITY OR IGWN 13g. STATE 136 COUNTY 13d. INSIDE CITY LIMITS? 320 Red Hill Cecil YES XIX NO 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Stänley Harper Lillian Reeves DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE Elkton, Md. 60. WAS DECEASED EVER IN U.S. ARMED FORCES 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) no Stanley R. Harper 320 Red Hill Rd. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVA BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Multiple injuries DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD PRACE A SHOULD BE FORWARDED TO THE CHEFT FOR FUNEAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BACKTIMORE, MARTINAND, 21201 FRIOR TO BURRAL BACKTIMORE, YES TY NO T 21a. EXTERNAL CAUSE WAS 216: TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING XX OR driver of a motorcycle in collision with a CONTRIBUTING CAUSE OF DEATH 19 218 PLACE OF INJURY (AT HOME. 211. LOCATION 21d. INJURY OCCURRED STREET FACTORY FARM, ETC.) WHILE AT WORK Red Mill Rd. "ETRYON. Mary Tand 220. I certify that I took charge of the remains described above, held an Inspection Inquiry and in my apinian Accident X Natural causes Hamicide \_\_\_ Undetermined manner Suicide TITLE (SPECIFY) Assistant MEDICAL EXAMINER SIGNATURE Margarita A.Korell, M.D. ADDRESS 111 Penn Street EXAMINER'S NAME (TYPE OR PRINT) 236 BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION Cecil Md. 4-26-86 Union Church Cem. Buria Union APR 29 1986 3444 24. FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5)) 20M 4/B2

STATE OF MARYLAND

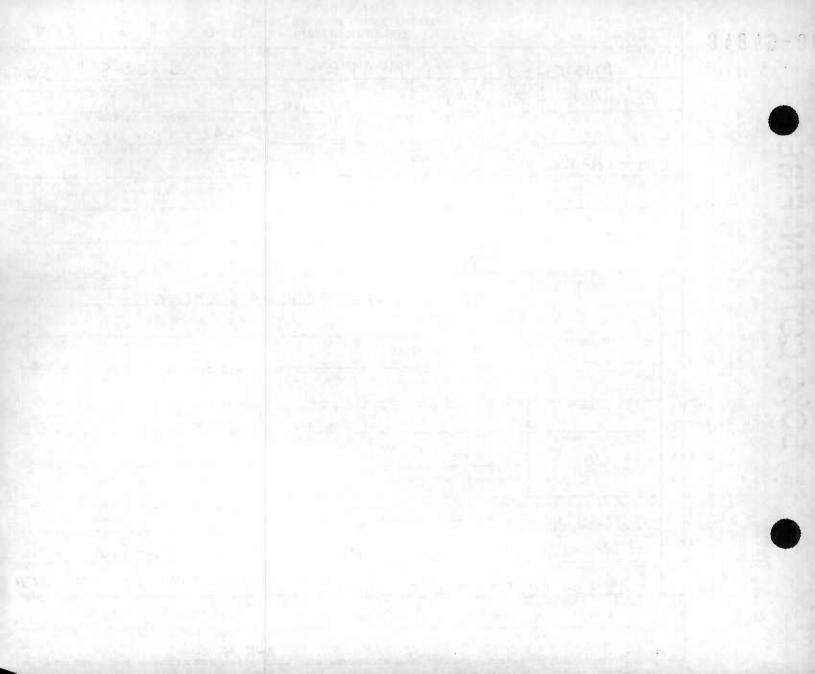


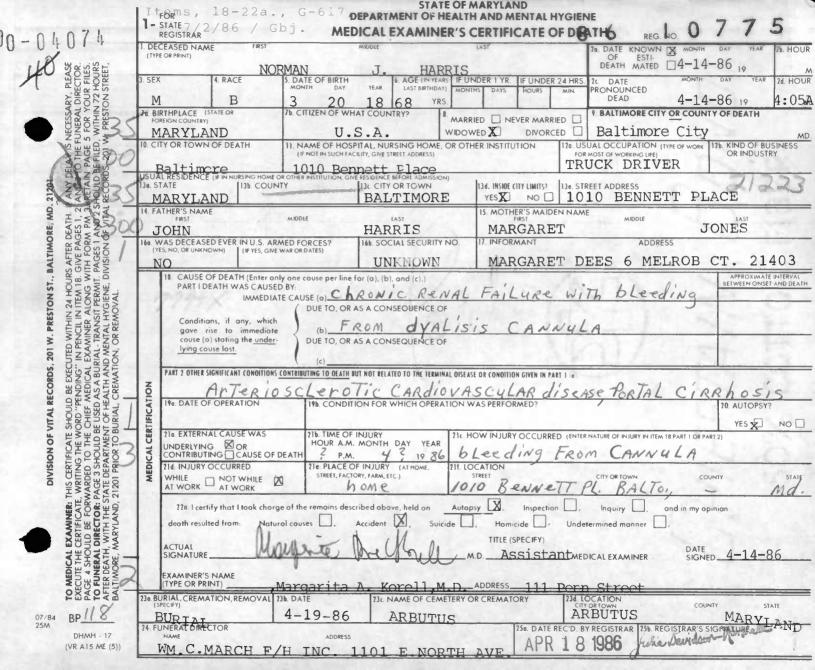


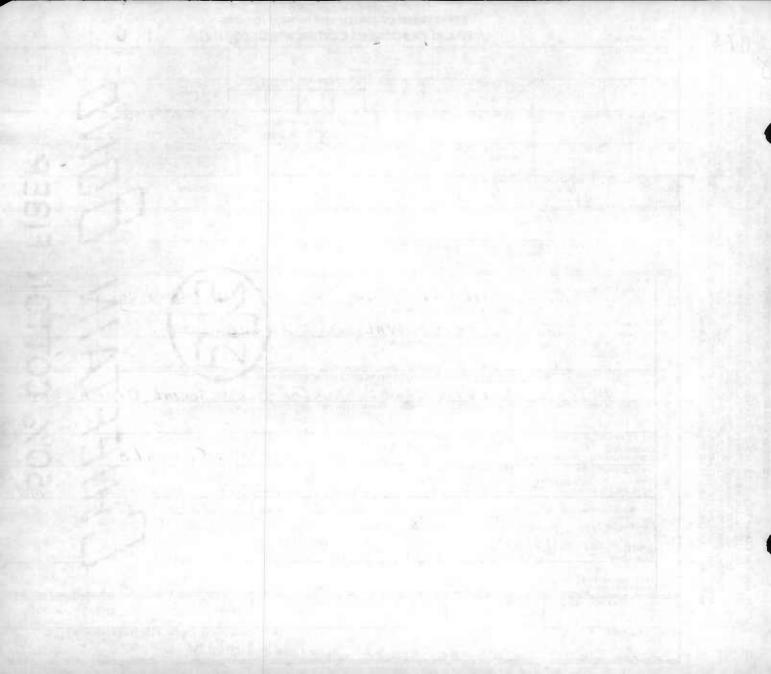


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	ECT FILE TH T		death resulted fro	im: Naturo	al causes	Accident	L, Suid	ide	, Hamicide	Und	etermined mo	nner .				
	CER. VWIID WAR	180	ACTUAL A	1.	22				TITLE (SPEC				DATE			
- 3	ATH ATH	7	SIGNATURE	VV	NYO	<u></u>		M	.D. Assisi	tant M	EDICAL EXAM	INER	SIGNED	4-1	6-86	
	W C C C C C C C C C C C C C C C C C C C	1	EXAMINER'S NAM	E Ann M	1. Dixon,	M.D.			, DDDECC 1	11 Penr	St.	Balto.	, MD	21	201	
	EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN TEM BE 450 MOUD BE FORWARDED TO THE CHIFF MEDICAL EXAMINER ALONG VER A LOF EVAL DIRECTOR. PAGE 3 SHOULD BE USED AS A BURIAL TRANSIT PERMIT AAFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, BALTIMORE, MARYLAND, 21201 PRICR TO BURIAL, CREMATION, OR REMOVAL.	73a.BL	IRIAL, CREMATION				NAME OF CFM		ADDRESS  R CREMATORY	736.	LOCATION	Lui W.				
	BP/17	(5)	BURIAL		4-21-86	100.	ARBUT		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	CI	ARBUTI	IIS	COUNT		STATE RYI.AN	-
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(*	VR A15 ME (5))	WM	.C.MARC	H F/H	INC 11	01 =	None			APR	1 8 136	U				1
						UT T										

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH 2h HOUR (TYPE OR PRINT) poge 3 ISSOUR 3 SEX 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) YEAR - 1911 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED n.c. u.s.a. 18 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION Pentridge Road 21239 13b COUNTY 13e STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? Maryland 1531 Pentridge Road Apt. 18: Baltimore 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE FIRST Wall Leonard Caroline 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT LIE YES GIVE WAR OR DATES Apt. 181 No 1531 Pentridge Road 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: METASTATIE CARCINOMAC DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 **IFICATION** 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [ NO T 21g. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION CITY OF TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE 22a | certify that (1) (this hospital) attended the deceased from - 22 - 19 86 saw the deceased alive on\_ and that in (my) (our) opinion death occurred an the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF ld be deta the State [ PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS TO GOOD SAMARITAL HOSPITAL. MO. 21239 RAO EDARA 230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 23¢ NAME OF CEMETERY OR CREMATORY 23b DATE 4/26/86 Baltimore Cem. BATTITOWN STATE Md. 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 Wm. C. March F/H 1101 E. North Ave. (VRA 15, 4) والاسرا فأسم فاسترانه مهد مد







STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGI CERTIFICATE OF DEATH	IENE B OREG. NO.	0/16
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5. DATE OF BIRTH MONTH DAY YEAR 7 25 6	6. AGE (IN YEARS LAST BIRTHDAY)	# UNDER I YEAR # SINDER JA HEL MONTHE DATE HOURS AND
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SPITAL, NURSING HOME OR OTHER INSTITUTION ACHITY, GIVE STREET ADDRESS)	THE WORLD COUPATION IN CONTROL OF WORLD IN	HI INDUSTRY
VERESIDENCE BEFORE ADMISSION)  13d. INSIDE CITY LIMITS?  YES ON	3244NOW	noint Ave.
RRUO 15. MOTHER SMAIDEN NAM	18 MODE TIL	Tablord
SOCIAL SECURITY NO. 17 INFORMANT	ADDRESS //	21218
18-074133 Miss Mellin	Ver Yerrell:	3244NormsunT
e for io), (b), and ic) RESPIRATORY FAILUR	LE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
S A CONSEQUENCE OF		

160 WAS DECEASED EVER IN U.S. ARMED FORCES? NO OR UNKNOWN) (IF YES, GIVE WAR OR ! RS PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PNEUMONIA. Canditians, if any, which gave rise to immediate cause (0), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO NO F YES 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

22a. I certify that (1) (this hospital) ptjegded the deceased from saw the deceased alive an. 22b. SIGNATURE

LEROY

STATE OR FOREIGN

SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION G 136 COUNTY

OR TOWN OF DEATH

4. RACE

MIDDLE

76 CITIZEN OF W

NAME OF HO NOT IN SUCH !

> DEGREE ATTENDING

19

86

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

STAFF

CITY OF TOWN

and that in (my) (aur) apinion death accurred on the date and haur and from the causes stated

22c. DATE SIGNED

STATE

COUNTY

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

21d INJURY OCCURRED

FOR - STATE REGISTRAR 1. DECEASED NAME (TYPE OR PRINT)

TO BIRTHPLACE

4 FATHER'S NAME

3. SEX

22e ADDRESS

211 LOCATION

STREET

HOSP 17AL

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prior

Health and Mental Hygiene

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DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURJAL, CREMATION, REMOVAL 23s NAME OF CEMETERY OF CREMATOR

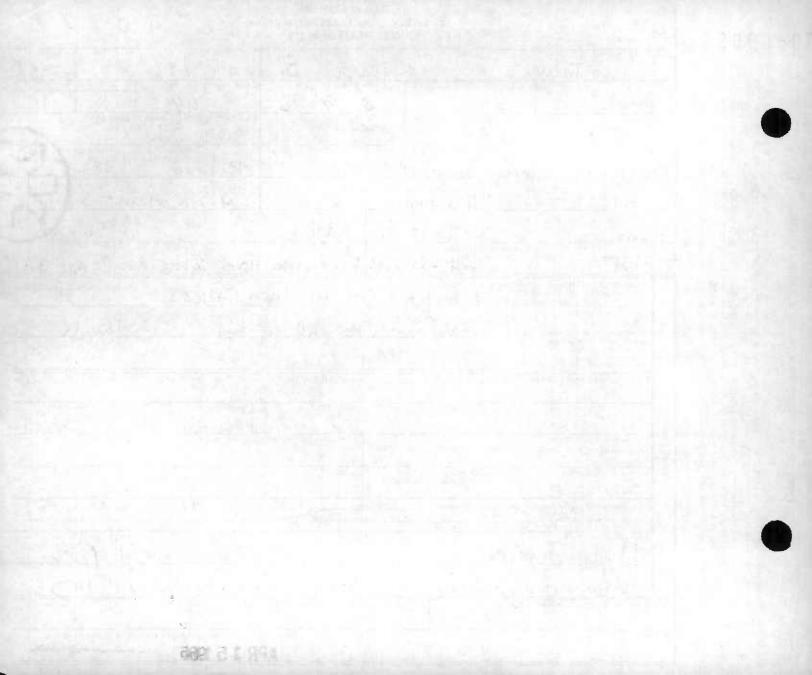
HOUR A.M. MONTH DAY

(AT HOME STREET, FACTORY, OFFICE FARM, ETC.)

P.M.

21e. PLACE OF INJURY

23d. LOCATION



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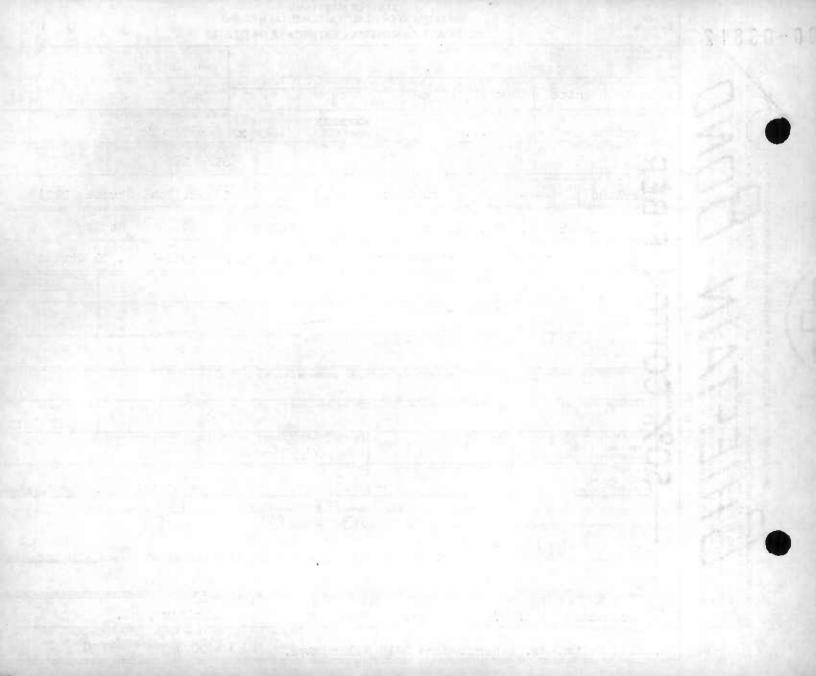
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-NECESSARY, PLEASE UNERAL DIRECTOR. 5 FOR YOUR FILES. WITHIN 72 HOURS V PRESTON STREET, DEATH MATED Lola Bina Haughev 26/19 86 4/ 6. AGE (IN YEARS IF UNDER 1 YR 4 RACE 5. DATE OF BIRTH 2c. DATE Aug. 28, 1915 PRONOUNCED White Female 26/19 86 Th CITIZEN OF WHAT COUNTRY? 7g. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH Balto., Md. MARRIED NEVER MARRIED WIDOWED DE DIVORCED Baltimore City, JF ANY DELAY IS NE 2, AND 3TO THE FUI 3. RETAIN PAGE 5 SHOULD BE FILED, V III. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12g USUAL OCCUPATION (TYPE OF WORK 12h, KIND OF BUSINESS Secretary Baltimore 33 S. Potomac Ave. 134 INSIDE (ITY LIMITS? | 13e STREET ADDRESS 13a. STATE Baltimore Potomac St. 21224 Md. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Andrew Trebes Anna Denhardt 17. INFORMANT Baltimore ADDRESS Md. 21206. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) 216-03-1814 Mrs. Gail P. Grote-5506 Force Rd. No 18 CAUSE OF DEATH (Enter only ane couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Asphyxia by Plastic Bag DUE TO, OR AS A CONSEQUENCE OF AS A BURIAL - TRANSIT Canditions, if ony, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 Id. CERTIFICATION 19g DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO X DEPARTMENT 21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 216. HOW INJURY OCCURRED TENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING 4/ 26/19 86 CONTRIBUTING CAUSE OF DEATH subject placed plastic bag over head ? P.M. 71 LOCATION 214 INJURY OCCURRED 21e PLACE OF INJURY LATHOME. EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR, PAGE 31 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) WHILE AT WORK Potomac Ave. Balto home Inspection XX 22a. I certify that I took charge of the remains described above, held an Autapsy Suicide X Accident Homicide Undetermined monner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 4/27/86 SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. 111 Penn St. 23a BURIAL CREMATION REMOVAL 23b DATE Baltimore, Maryland STATE Burial Parkwood Cemetery 07/84 3000 E. Baltimore St., Balto., Ma. 21224. APR 30 1986 **DHMH - 17** (VR A15 ME (5))

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 00-03812 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE KNOWN X MONTH DAY (TYPE OR PRINT) DEATH MATED 4-13-86 10 0. CHARTES 4. RACE DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2d. HOUR DATE LAST BIRTHDAY PRONOUNCED Male White 26, 1945 4-13-86 B:46P G. BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED AND NEVER MARRIED FOREIGN COUNTRY! Maryland Baltimore City U.S.A DIVORCED X WIDOWED ID. CITY OR TOWN OF DEATH 124 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION POR MOST OF WORKING UFE) Johns Hopkins Hospital Baltimore Baltimore 13d. INSIDE CITY LIMITS? 2025 St. Paul Street 21218 13b. COUNTY Maryland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME DIVISION ON VIEW Matha Bagley A. Heavel, Sr Kenneth 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT **ADDRESS** IYES, NO. OR UNKNOWN Maryalce Burke Heavel-18 E. 21 Street 219-42-1123 Yes CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL HIEF MEDICAL EXAMINER ALONG W USED AS A BURIAL-TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, D IRIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Gunshot wound of head DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) 19a DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD "P PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENTOF HE BALTJANORE, MARYLAND, 21201 PREPRIO BURIAL, YES 🗍 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR self/inflicted CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY 21L LOCATION 21d. INJURY OCCURRED WHILE AT WORK rear apt. 2025 St. Paul Street Baltimore, Maryland 22a. I certify that I took charge of the remains described above, held on Autopsy Inspection and in my opinion Suicide X Homicide L Undetermined monner TITLE (SPECIFY) Assistant MEDICAL EXAMINER EXAMINER'S NAME Margarita A. Korell, M. DADDRESS. 111 Penn Street (TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE STATE Baltimore, Md. 4/15/86 Green Mount Cem Cremation 07/84 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE APR 1 7 1986 Sulia Devidor Romane 24 FUNERAL DIRECTOR **DHMH - 17** A. Alan Seitz. Jr. Funeral Home 3818 Roland Ave. (VR A15 ME (51)

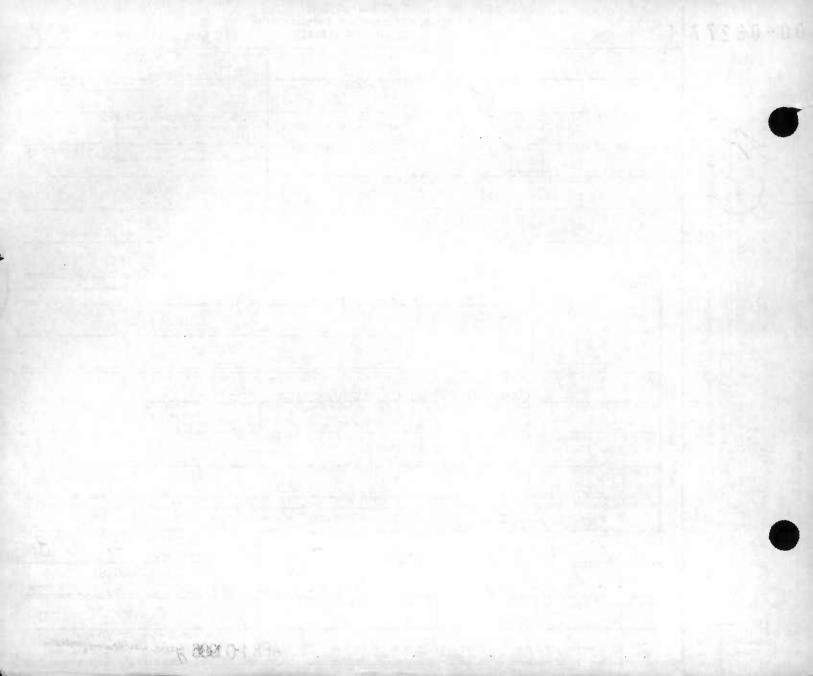


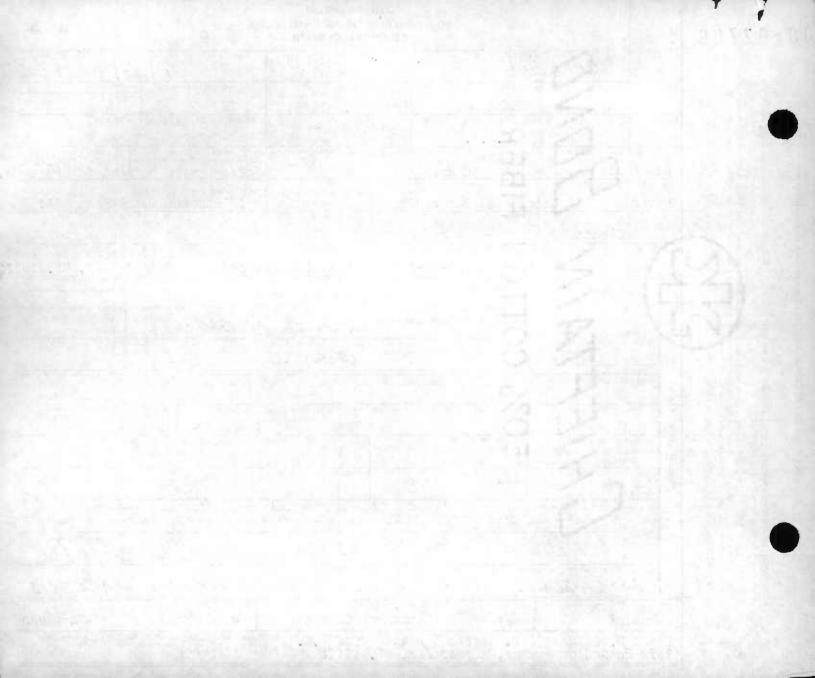
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requires that the death or sen signed by the attendin t. Then please remanes carb or to burial, cremation, or pinjury, or ather traumatic	NOIL		DUE TO, OI		TO DEATH BUT	ets Mi	RMINAL DISEASE OR CONDIT	ION GIVEN IN PART 1:0	
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	MEDICAL	21d. INJURY OCCURRED	21e. PLACE	OF INJURY REET, FACTORY, OFF	ICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
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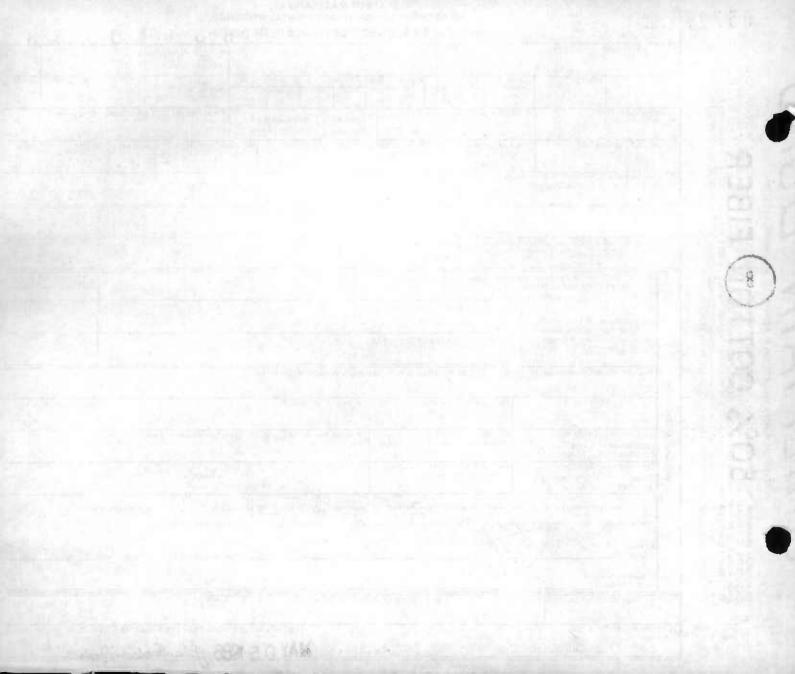
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0-03277	1.	STATE REGISTRAR	L.		IEALTH AND MENTAL HY ICATE OF DEATH	GIENE S S REG. NO.	10785
	I. DE	CEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH MONT	H DAY YEAR 26 HOUR
nay be page 3 sr death	11176	CARRIE	2	DENDE	DCOM	APRIL 7,198	36 4:15pm
mo)	3. SE		4 RACE	HENDE 5. DATE (		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
ge 4 ector		F	13	11	2°5 6°4	81	YRS DAYS HOURS MIN.
The state of 7		RTHPLACE ISTATE OR FOREIGN COUNTRY)	U.S.A.	MARRIE WIDOWI	D NEVER MARRIED	BALTIMORE CITY OR CO	
4		LTIMORE	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACTURY, G	NURSING HOME ( ME HOSP	OR OTHER INSTITUTION	120 USUAL OCCUPATION LITYPE OF WORK FOR MOST OF WOR	12b. KIND OF BUSINESS OR INDUSTRY
(4)86	130. 5	AL RESIDENCE (IF NURSING HOME OF TATE 136 COU	NTY 13t. CITY	OR TOWN	134 INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP	
mples od will		JIN IRST		ÉRSON	BESSIE	AME MIDDLE	JÖHNSON
n and ta	16a V	VAS DECEASED EVER IN U.S. AF		IAL SECURITY NO.	JAMES HEN	DERSON 1718	HARLEM AVE.
ING PHYSICIAN: The law requires that the death certificate be executed within 2 cattending physician.  When this certificate has been signed by the attending physician and fomplet to the burial strongs permit. Then please remove corbon papers. Page 1 and 2 that hand Mental Hygene prior to burial, cremation, or removal.  The strong shows any injury, or ather traumatic event, the medical exament matter that a strong strong injury, or ather traumatic event, the medical exament matter that the medical exament	NO	Conditions, if any, which gove rise to immediate cause (D), stating the underlying cause lost.	DUE TO, OR AS A CO	ING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CONDITIO	N GIVEN IN PART 110
N: The law r yysician. I cross the permit. Hygiene prion	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION	N WAS PERFORMED	20a AUTOPSY? 20b.	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \( \text{NO} \)
PHYSICIAN: TI ending physicia this certificate the burial-transit and Mental Hygin d an Item 18 sh		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		NTH DAY YEAR	21c HOW INJURY OCCU	RRED (ENTER NATURE OF TAJURY IN IT	EM 18, PART 1 OR PART 21
DING PHYS ar after this c seas the bu color and a colo	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTOR	Y, OFFICE FARM ETC	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTEND option of prior of the off Heal		22a.1 certify that (I) (this hasp saw the deceased alive ar above, (I) (we) (did) (did no		19 06 0		to APRIL 7 n death accurred on the date or	. 19 86 , that (I) (we) last ad hour and from the causes stated
Top o o		22b. SIGNATURE	azemi	mo		MEDICAL STAFF DIRECTOR PHYSICIAN	
O HOSPITAL etained by th TO FUNERAL should be deta with the Stote MPORTANT: It		A.F. NAZE	MI		100 N. BR	OADWAY, BALT	CORPÓRATION IMORE, MD. 21231
BP	E	BURIAL, CREMATION, REMOVAL BURIAL	236. DATE 4-11, 86		EMETERY OR CREMATORY  R HILL	ANNE ARUN	
DHMH - 16 60M 7/84 (VRA 15, 4)		UNERAL DIRECTOR  VM. C. MARCH F/	H INC. 110	1 E. MOR'	TH AVE.	APR 10 1986	EGISTRAR'S SIGNATURE







721	71,	FOR				MENT OF	HEALTH		NTAL H							
	1.	STATE REGISTRAR		MED		EXAMIN	IER'S C	ERTIFIC	ATEO	F DE	TH6	REG. N	p. 0	1	8	8
		CEASED NAM	E FIRST		MIDDLE			LAST		T. P.	20. DATE OF	KNOWN [	MONTH	DAY	YEAR	2b. HOUR
SHOULD BE FILED, WITHIN 72 HOURS M. RECORDS, 201 W. PRESTON STREET,			James	3				enkin				MATED [	× 4/	21/19	9 86	N
TRE	3 SE	X	4 RACE	5. DATE OF BIRTH	YEAR	6. AGE (IN YE			IF UNDER		2c. DATE		MONTH	DAY	YEAR	3:40
		Male	White	3 3	34	F 1	RS.	DATS	HOURS	MIN.	DEAD		4/	25/1	986	P M
K		IRTHPLACE (S	TATE OR	76. CITIZEN OF WH	AT COUN	VTRY?	8. MARRI	ED NEV	ER MARRII	ED 🗆	9 BALTIM	ORE CITY	OR COUN	TY OF DE	ATH	
1				U.S.			WIDOW	ED 🗆	DIVORCE	ED 🗆	Bal	timor	e Cit	У,		MD
	10. C	ITY OR TOWN	OF DEATH	11. NAME OF HOSE (IF NOT IN SUCH FAC	ITAL, NU	IRSING HOM	E, OR OTH	ER INSTITUT	ION	FORM	AL OCCUP	PATION (TY	YPE OF WORK	126. KIND	NDUSTR'	INESS
-	)	Baltin		3333 N.	Cha	rles S	treet			Ret	tire	d – t	U.S.	Gov	't?	
1		AL RESIDENCE STATE	(IF IN NURSING HOME 13b. COUN	OR OTHER INSTITUTION, GIV	13c CITY	ORTOWN	ION)	13d INSIDE CIT	Y LIMITS?	13e. STRE	ET ADDRE	ESS				
-	_	Md.	-		В	alto.		YES 🗌	NO 🗌	333	33 N	. Cha	arles	s St	.212	218
	14. F	ATHER'S NAMI		WIDDLE		LAST		15. MOTHER	R'S MAIDE	N NAME	м	AIDDLE		LAS	ST	
	160.	WAS DECEASE	DEVER IN U.S. AR	RMED FORCES?	16b. SO	CIAL SECURIT	Y NO.	17. INFORM	ANT			ADDRES	SS			
	,	Unkr		E WAR OR DATES)	21	5-34-3	3217									
		18 CAUSE C	F DEATH (Enter or	nly ane cause per line										APPR	ROXIMATE	INTERVAL
		PARTIDI	ATH WAS CALISE	D BY:			rotic	Cardi	ovas	cular	Dis	ease		BETWEE	EN ONSET	AND DEATH
60			IN ONE DIA	DUE TO, OR				00,200		244	220	0000				
REMO			ns, if any, which													
N N		cause (a	stating the under-		SACO	SEQUENCE	OF									
5		lying car	ise last.	(c)												
		PART 2 OTHER S	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH B	JT NOT REL	ATED TO THE TERM	AINAL DISEASE	OR CONDITION	GIVEN IN PAR	T I to						
	NO	Seiz	ure Diso	rder												
	3		OPERATION		ON FOR	WHICH OPER	W MOITAS	AS PERFORM	AED?					20. AU	TOPSY?	
C	E E	1	9 5 4 1											YE	s 🗆	NO 🗓
	E E	210 EXTERNA	L CAUSE WAS	21b. TIME OF HOUR A.M.		DAY YEAR	21c. HC	OW INJURY (	OCCURRE	DIENTERN	ATURE OF INJ	JURY IN ITEM 1	8 PART 1 OR P	ART 2)		
	13	CONTRIBUTI	NG CAUSE OF	DEATH P.M.		19				- 146						
	MEDICAL CERTIFICATION	21d INJURY (	OCCURRED	71e PLACE O	F INJURY	(AT HOME,		CATION			CITY OR TOV	WN		DUNTY		STATE
	1	AT WORK	NOT WHILE [						1.8		2 54 101		20			SIAIE
				ge of the remains desc	ribed abo	ove, held an	Autops	у 🔲.	Inspection	X.	Inquiry		and in my as	pinian		
		death result		ral causes X	Accident		icide	, Hamicie			rmined ma					
	1 2	100000000	1	11	1			TITLE (SP								
		ACTUAL SIGNATURE		(1/)			M	D. Assi		+ MEDI	CALEYAM	LINED	DATE	60 4	4/26	/86
9		FM		00	V						CALLAAM	IIIAEK	310141	.0	A. J	
6	1	(TYPE OR PRI	NAME Gr	egory R. K	auff	man, M	.D.	ADDRESS	1	11 Pe	enn S	t.				
2	23a.E	URIAL, CREMA	TION, REMOVAL	736 DATE	23c. l	NAME OF CE	METERY O	R CREMATO	RY	23d. LO	CATION		COVI	ALTV	STA	15
		Rem	oval	4-29-86						CITY	M IOWN		COU	1911	STA	16
	24. F	UNERAL DIREC	TOR	ADDRESS				2.	So. DATE R	EC'D. BY	REGISTRA	R 256. REG	GISTRAR'S S	SIGNATUR	₹E	
			atomy E	Board	В	alto.	, Md	. 14	AY O	5 100	is du	ha Teu	ida ?	Dado		
										U-ISIN	1		13.67	Section 2		



2	ge 4 moy be	sctor, page 3
	deoth. Pog	nerol dir
YLAND 21201	HOSPITAL OK ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haufts the death. Page 4 may be oined by the hospital or oftending physicion.	5 FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely the second director, page 3 and be deteched for use as the burial-transit permit. Then please remove corbanappers. Pages I and 2; sh
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	ote be executed w	sicion and comple
PRESTON ST., B	he deoth certifico	he offending physemove corbonpop
CORDS, 201 W.	v requires that t	een signed by the Then please r
N OF VITAL REC	SICIAN: The low	certificate has b
DIVISION	TENDING PHYS	TOR: After this or use os the bu
	HOSPITAL OK ATTENDING PHYSICIAN: The Landing by the hospital or attending physicion.	FUNERAL DIRECT

	1			STAT	E OF MARYLAND			
03681	1.	FOR STATE REGISTRAR	DI		EALTH AND MENTAL HYD	GIENE 8 6	0 /	8 9
		CEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH	MONTH DAY YEAR	2b HOUR
noy be poge 3	(IAN)	HELE	N	H	FNSON	4/	2/86	12:1212
moy er d	3. SE	X	4. RACE	5. DATE (		6 AGE (IN YEARS LAST BIR		
oge 4 rector		FEMALE	BLACK	08	-07-1910 YEAR	75	YRS.	
2 Pod S		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COL	JNTRY? 8.	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEATH	
ner	Do	RCHESTER. MD	USA	WIDOWI		BALTIMOR	E CITY	MD.
1		ITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GI	VE STREET ADDRESS)	OF Maryland	120 USUAL OCCUPATION OF OF WORK FOR MOST OF SEAMTRES.	OF WORKING LIFE) INDUSTE	OF BUSINESS OR RY CTORY
1 U 2 1	USU	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESIDEN	CE BEFORE ADMISSION)			()()	175
		RYLAND 13b. COU		TIMORE	13d. INSIDE CITY LIMITS?	824 N. W.	ASHINGTON	STREET
tely 2.sh		ATHER'S NAME			15. MOTHER'S MAIDEN NA	AME		
od Saple		JAMES	BECT	ON	ELIZABET	.H widdle	?	LAST
ond of oges!		VAS DECEASED EVER IN U.S. AR	MED FORCES? 16b. SOCIA	AL SECURITY NO.	17 INFORMANT	ADDRE	SS	
on ond S. Poge		NO	214-1	2-6318	SYLVIA BOD	DIE 824 N	. WASHING	TON ST.
rtificate i physicic anpopers emovol.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nfy one couse per line for (o). ED BY: TE CAUSE (o)	, (b), and (c),)	CARDIO RES	PAROJORY HEOR	1 OPPRE BETWEE	ROXIMATE INTERVAL EN ONSET AND DEATH
0) 0) 0			DUE TO, OR AS A COM	NSEQUENCE OF	(-00 al.	11200		OT
deoth ce ottendin nove corb otion, or troumotic		Conditions, if ony, which	(b)		500 Strige	HEOR	PAICU	
by the ose removed, cremo other tr		gave rise to immediate couse (a), stating the underlying cause lost	DUE TO, OR AS A CO	NSEQUENCE OF				
equires that signed I Then pled to buriof injury, or an in	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTIN	NG TO DEATH BUT	NOT RELATED TO THE TERM	minal disease or con	DITION GIVEN IN PART	lio
on. hos beer t permit. ene prior	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINING CAUS	
T S S S S S S S S S S S S S S S S S S S		21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	TH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I OR PART ?	2)
SICIA ng ph certifi urial-t Nentol	SAL	OR CONTRIBUTING CAUSE OF DE	MI (II	19	X 2/ 18 X -			
DING PHYS or ottendin After this e e os the bu olth and Ms marked or I	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TO	OUNTY COUNTY	STATE
or or se os se os mor mor		220.1 certify that (I) (this hosp	ital) attended the deceased	from	. 19	, to		_, that (I) (we) last
TTEN ortol of He	100	saw the deceased olive on	at view the body ofter death	_19, o	nd that in (my) (our) opinion	death occurred on the de		
REC hed ept.		22b. SIGNATURE	7		DEGREE		22c. DA	ATE SIGNED
AL O AL D Set Octobro Tr. If It		Ma	lus d.	cus	ATTENDING PHYSICIAN [	MEDICAL STAR		12/82
O HOSPITAL etoined by th TO FUNERAL should be deti with the Stote		22d. PHYSICIAN'S NAME (TYPE O	OWIN 4	Cypn	22e ADDRESS			
shoul with IMPO	23a. F	BURIAL, CREMATION, REMOVAL	23b DATE	23c NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		
ВР		SPECIFY) RURTAI	04-07-86		MEMORIAL	BALTIMO	RE. MARYL	A ND STATE
	24 F	UNERAL DIRECTOR				TE REC'D. BY REGISTRAR		
DHMH - 16 60M 7/B4 (VRA 15, 4)	RI	ROWN/THOMPSON		W. BAL	TIMORE SAPI	1 5 1986	-madavidson-	Mandell
		A CONTRACTOR OF THE PROPERTY O						

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(VRA 15, 4)

- INTX30-08 30 a bearing a grant and the street was a second of the 3 (1 Commence of the Page of Markey Markey 2013 Same of the Color THE PARTY OF RIGHT OF THE PARTY OF THE PARTY

MIDDLE  MARIE  RACE  White  CITIZEN OF WHAT COUNTRY?  U.S.A.  NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET.  HER INSTITUTION, GIVE RESIDENCE BEFORE BAITIMOT  DIE  DISTEFA  DIFORCES? 166 SOCIAL SECU 218-36-8  DIRE COUSE POR INCE FOR TOWN  ACTION OF AS A SOCIAL SECUE  (c)  DUE TO, OR AS A CONSEQUE  (c)	MARRIED NEVER WIDOWED D  NG HOME OR OTHER INS ADDRESS)  13d. INSIDE YES KOK  15. MOTHER  17. INFORM  18338 Kenn  17. INFORM  18338 Kenn  1841 C	R MARRIED DIVORCED TO 120 I (TYPE I NO DE NAME FIRST INC.)	LIME (IN YEARS (AST BIRTHDAY)  46  YRS  ALTIMORE CITY OR COUN  Baltimor  USUAL OCCUPATION  OF WORKING  WAITTESS  TREET ADDRESS / ZIP CO  4237 Thay er  ADDRESS	MONTHS DAYS HOURS TY OF DEATH  City  IZB KIND OF BUSIN INDUSTRY	MD.  MD.  MESS OR  Ant
White  CITIZEN OF WHAT COUNTRY?  U.S.A.  NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GWESTREET.  HER INSTITUTION, GIVE RESIDENCE SEFORE  LIG. CITY OR TOW BAITIMOT  DIE  Distefa  DFORCES?  AFOR DATES)  218-36-8  DIE COUSE per line for (a), (b), once  SY:  CAUSE (b)  DUE TO, OR AS A SO SEOUE	S. DATE OF BIRTH  MONTH  10  8  MARRIED   NEVER  WIDOWED   D  NG HOME OR OTHER INS  ADDRESS)  D	R MARRIED DIVORCED KK  DIVORCED KK ISTITUTION 12a (1778)  CITY LIMITS? 13a.S  NO D  R'S MAIDEN NAME  FIRST  FIRST  ANT	LIME (IN YEARS (AST BIRTHDAY)  46  YRS  ALTIMORE CITY OR COUN  Baltimor  USUAL OCCUPATION  OF WORKING  WAITTESS  TREET ADDRESS / ZIP CO  4237 Thay er  ADDRESS	if UNDER LYEAR IF UNDINAMENTAL BEAUTY  LIFE 126 KIND OF BUSIN INDUSTRIBUTE  Court 2122  Brown  e as 13e	MD. NESS OR ant
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DISTEST A PLAN BACHTY, GIVE STREET.  HER INSTITUTION, GIVE RESIDENCE BEFORE  BATTIMOT  DISTEST AR OR DATES)  DISTEST AR OR DATES  DISTER  DI	IS MOTHER INSADDRESS)  DATO NO EADMISSION  13d. INSIDE YES KK  15. MOTHER  17. INFORM  18338 Kenn  1840 Kenn  1850 CS CS CS  ENCE OF	ISTITUTION 120 (TYPE)  CITY LIMITS? 130.S  NO   R'S MAIDEN NAME  FIRST  ANT	Waitress  TREET ADDRESS / ZIP CO 4237 Thayer  MIDDLE  ADDRESS	Court 2122 Brown e as 13e	ness or ant 25
DISTEST  DISTENT  DIS	ISON IN ISON IN ISON IN	R'S MAIDEN NAME PIRST LAine MANT	MIDDLE ADDRESS	Brown e as 13e	n
DISTEIR DFORCES? 166 SOCIAL SECU 218-36-8  Since cause per line for (a), (b), and 3Y: CAUSE (a)  DUE TO, OR AS A SOCISEOUE (b)	INO ENCE OF U	Elaine	ADDRESS	e as 13e	A
care cause per line for (a), (b), and (b).  CAUSE (a)  DUE TO, OR AS A SO SEQUE	Sign Kenn  Sign Sign  Sign Sign  ENCE OF  LICE U				ERVAL D DEATH
DUE TO, OR AS A GONSEOUE	ENCE OF U	T.Z		APPROXIMATE INTERPRETATIONS OF AN	ERVAL ID DEATH
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21b. TIME OF INJURY HOUR A.M. MONTH DA P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.	AY YEAR 19 21f LOCAT	INJURY OCCURRED (	ENTER NATURE OF INJURY IN ITEM 11  CITY OR FOWN		STATE
ottended the deceased from_	Ond that in (my	ATTENDING AME	DICAL STAFF	, 19, that our and from the couses s	(we) lost toted
(INI)	22e ADDRE		LCTOR LJ PHTSICIAN	12000	
12	Slow Din M	view the body after death.	Q D. A TAND DEGREE ATTENDING ME	DEGREE ATTENDING MEDICAL STAFF	DEGREE 221. DATE SIGNED

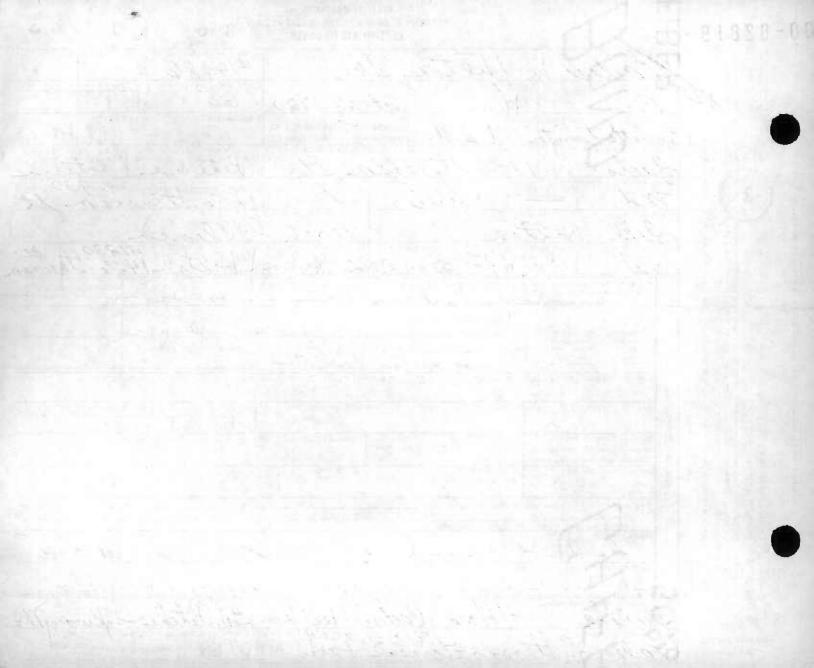
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STATE OF MARYLAND



	1	STATE OF MARYLAND		
02819	1.	FOR DEPARTMENT OF HEALTH AND MENTAL IS STATE CERTIFICATE OF DEATH	8 0	10793
020.0	1.06	REGISTRAR  CERTIFICATE OF DEATH	REG. N	MONTH DAY YEAR 26, HOUR
# M # 5	10	Tarley W Jesta 15.	4/4/8	6
Tom of the last	1. SE	4 RACE / S. DATE OF BIRTH	6. AGE (IN YEARS LAST BI	RTHDAY) IF UNDER TYEAR IF UNDER 24 HRS
1 00 10	1	M. Quel. 22 1920	0 65	MONTHS DAYS HOURS MIN.
1 12 8		RTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED	9 BALTIMORE CITY (	OR COUNTY OF DEATH
Fab unit	21	exelletastanta U.S.y. WIDOWED DIVORCED	o Ko	M MEN O TI
1 验法	10. C	TY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  (IF NOT IN SUCH FACILITY CONSTRUCTION OF THE PROPERTY OF THE PROP	120. USUAL OCCUPAT	
	10	AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	leter	ed delered
(金9類) 字人	130	STATE 1336 COUNTY 1336 CUTY OR TOWN 134 INSIDECITY LIMITS	136 STREET ADDRESS	THE CODE 8/900
	14. E.	THER'S NAME IS. MOTHER'S MAIDEN	NAME_	uneran el
1 1200	1	BIOS LAST PORST	I. O DOOLE	LAST LAST
5 5 5	160	VAS DECEASED EVER IN U.S. ARMED FORCES? 114. SOCIAL SECURITY NO. 17 INFORMANT	ADDR	ESS 31230 11 to
Pog P	10	(ES, NO OR BINKNOWN) - S, GIVE WAR OF TEBIT - S36-127866 Hele	nd. Hell	n 1456 Steren
ate per al	1	18 CAUSE OF DEATH (Enter only one cause per line lar (a), (b), and (c).)	U.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
or phy on phy or	1	PARTI DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Coronary artery	Throms	tris
th ca corb corb ratio		DUE TO, OR AS A CONSEQUENCE OF	- , -	•
deo after after fraum		Conditions, if any, which gave rise to immediate	Jacolem de	suc
4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF		The second second
4 1944		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE OR CON	IDITION GIVEN IN PART 110
Part of the Conf.	8			
4 10 6	CERTIFICATION	190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
7 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	1		YES NO	YES NO
Physic ficols (18 sh	11000	218. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH CAUSE OF DEATH COUR A.M. MONTH DAY YEAR	CURRED (ENTER NATURE OF INJU	JRY IN ITEM TB PART T OR PART 2)
SACI Serial Serial	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19		
The same	MED	216. INJURY OCCURRED  210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  211. LOCATION STREET	CITY OR TO	OWN COUNTY STATE
Afre at the state of the state		AT WORK		10
The Sale		220. I certify that (I) (this haspital) attended the deceased fram	nian death accurred on the o	19, that (I) (we) la late and haur and from the causes stated
RECTORNEY OF STATE OF		above, (() (we) (did) (did not) view the body after death.  DEGREE		27c. DATE SIGNED
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		And of Harad my ATTENDING	G MEDICAL STA	
HOSPITA TUNERA I'd be d I'd be d	1	224 PHYSICIAN'S NAME (TYPE OR PRINT) 226 ADDRESS	TE DIRECTOR ETTITION	
0 0 0 0 0		SANdra L. Howard md. 1600 S.	Charles	St. 2 N30
5 6 5 6 3 3	23a.	URIAL, CREMATION, REMOVAL THE DAY 230 MAME OF CEMETERY OR CREMATO		10 1000
BP	16	ureal 4/8/86 Cedar Selle	m. Sp. let	che tolewough
DHMH - 16 50M 4/83	35	INSTAL DIRECTOR OL JOJE FOR GUY 250.		25h REGISTRARZE EIGNATURE
/VRA 15 41	13	and a final and the	APR 0 / 1986 -	runa dividoor- yangasik



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0,000	1 DE	REGISTRAR CEASED NAME	FIRST	1931	MIDDLE		IST	LATU	20. DATE OF DE	ATH ME	NIH DAY	YEAR	2h HOUR
9 84		OR PRINT)	1.MJF		Jaseph	нтм	MELSER	B	APRIL		,1986	100	1:08a
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and district the second	14 FA	THER'S NAME	٨	AIDDLE	Himmels	erb	15. MOTHER'S	MAIDEN NAA		IDDLE		LAST	
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sign hen j to bu	z	PART 2. OTHER SIGNIF	FICANT C	C		J DEATH BUT	NOTRELATED	TO THE TERM	INAL DISEASE O	K CONDII	ION GIVEN IN	PAKI IIO	
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SPIT OF PROPERTY		22d PHYSICIAN'S NAM	AE (TYPE OR	PRINT	)	STATE OF	22e. ADDRESS		URCH H			1	1
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	1			STATE OF MARYLAND				
	1.	FOR STATE	DEPA	RTMENT OF HEALTH AND MENTAL HY	(1) (2)	1	0 7	9 5
0-045/2	LDE	REGISTRAR	MIDDLE	CERTIFICATE OF DEATH	B REGIN	O. FAY	YEAR 75 H	10110
oge 3 death		CEASED NAME (OR PRINT)	MIDDLE	HINNANT	20. DATE OF DEATH	7-16	-86 1	PM
e 4 mo) ctor. pa	3. SE	Female	RACE (1)	S. DATE OF BIRTH  9-26-1894	6. AGE (IN YEARS LAST BIR	MONT		RS MIN.
oth. Pag	14.2	STATE OF FOREIGN 7	76. CITIZEN OF WHAT COUNT	RY? 8 MARRIED   NEVER MARRIED	9. BALTIMORE CITY C	1 0	DEATH /	
ofter dea	111 0	TY ON TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	WIDOWED DIVORCED CONTROL OF CONTR	12a. USU/L OCCUPAT (1YPF) OF WORK FOR MOST (	OF WORKING LIFE) IN	26 KIND OF BUS	MD. SINESS OR
1201 2013 C	JsU	AL RESIDENCE (IF NURSING HOME OR O	OTHER INSTITUTION, GIVE RESIDENCE BE	FORE ADMINISTRATION	Homen	PALEM		2 /
AND 2 nn 24 hc	Yn	STATE 13b. COUN	TY I3BY OR T	13d. INSIDE CITY LIMITS?	7805	8799	orkk	02126
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MORE, execut		VAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SI	ECURITY NO. 17 INFORMANT	Rouge 2	30216	indhi	212/6 -STAU
ALTIU	H	8 CAUSE OF DEATH (Enter only	y ane cause per line for (a), (b)	and Ic .	BRUCEA	1	APPROXIMATE II	INTERVAL AND DEATH
II., B		PART I. DEATH WAS CAUSED IMMEDIATE	BY: CARCE	ENIOMA OF THE B	UNDOER -	Ξ	9 MO	
ston set the central central central contraction, and compared to contract contractions and			DUE TO, OR AS A CONSE	QUENCE OF GROSS HE	MATURE	19		
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that the by the ease rem al, crems		cause (0), stating the underlying cause last.	DUE TO, OR AS A CONSE	QUENCE OF				
RDS, 20 squires to signed Then ple ta buria	NO	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN II	N PART Ira	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours cartending physicians.  When this certificate has been signed by the attending physician and completely lifted into as the buriol-transit permit. Then please remove cortain completely made into the new cortain physician prior to buriol, cremation, or removal and any injury, or other traumottic ment, the middral continuous care and them is shown any injury, or other traumottic ment, the middral continuous care.	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WE IN CERTIFYING YES	G CAUSES OF DI	JSED EATH?
ON OF VITAL R. IYSICIAN: The l. ding physicion. is certificate has burial-transit per Mental Hygiene ar Item 18 shows	GE	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 21c. HOW INJURY OCCU		_	-	
SICIA ng pl certif certif tental	CAL	OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19				71115
DING PHYSIC or offending After this cert e as the burial alth and Ment marked or Iten	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e, PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	CE, FARM, ETC.)  211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
a se E		22a I certify that (1) (this haspite	al) attended the deceosed fro	m JULY 19 80	5 to APRI	C/B_ 19_	86_ that	() we) last
IR ATTEN hospital IRECTOR hed for u ept. of He		saw the deceased alive on abave (1) we) (did) (did not	APRIL II	86, and that in (aur) apinial	n death occurred on the d	ate and haur and	d fram the causes	s stated
0 0 0 0 7	1	226. SIGNATURE	m Hilm	DEGREE  M. O , ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN [	120 DATE SIGN	186
TO HOSPITAL retained by this TO FUNERAL is should be detent with the State [MPORTANT: If		22d. PHYSICIAN'S NAME (TYPE OR	VESBITT, I	22e. ADDRESS	UINGRSITY		CAL	T. MO,
Sho Sho Market	23a.	BURIAL, CREMATION, REMOVAL		34 NAME OF CEMETERY OR CREMATORY	23d LOCATION	A		10001
BP	6	Durin	4-18-861	rbulus mem. tan	K BAI	5, 8	0. 7	nd.
DHMH - 16 60M 7/84 (VRA 15, 4)	24 F	UNERAL DIRECTOR NAME OFFORD L. P.	455 2225		PR 23 1986	251 REGISTRAR	SSIGNATURE	

				STATE OF MARYLAND		
03695	1 -	FOR STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MENTAL F CERTIFICATE OF DEATH	YGIENE 8 6	10/98
		ORPRINT) HELEN	WIDDLE	HICIFY	20. DATE OF DEATH MONTH	1086 4.450A
tar. page 3	3. SE		I. RACE White	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 MRS MONTHS DAYS HOURS MIN.
1		RTHPLACE (STATE OR FOREIGN 7.00 NTRX) Shington D.C	b. CITIZEN OF WHAT COUNTE	MARRIED NEVER MARRIED WIDOWED DIVORCED	L Lo I + i momo // i	
	10. CI			SING HOME OR OTHER INSTITUTION  ET ADDRESS HO Spital	120. USUAL OCCUPATION  UYPE OF WORK FOR MOST OF WORKING I  Supervisor	12b KIND OF BUSINESS OF
1	05U/ 13a/ M	AL RESIDENCE (IF NURSING HOME OR C	inore 13c Cly or to	PANISSION)  13d INSIDE CITY LIMITS:  YES \( \text{NO} \text{NO} \text{T}	? 130.STREET ADDRESS / ZIP COL	
and and and	FA	THER'S NAME FIRST M George	S. Boc.	15. MOTHER'S MAIDEN FIRST He		Gencel
Pages medical	10	VAS DECEASED EVER IN U.S. ARM	MED FORCES? 16b SOCIAL SE		ADDRESS	21222
physicia unpapers emaval. event, the		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	one cause per line far (a), (b), BY:			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
by the attending ose remove carb		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSECUTION OF THE PROPERTY OF		CA	
n signed Then pled ir to burial injury, ar	NOI	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING 1	O DEATH BUT NOT RELATED TO THE TE	erminal disease or condition gi	VEN IN PART 110
sit permit.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	IN CERT	S, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES NO
Mental Hygie or Item 18 550		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH P.M.	DAY YEAR 19	URRED (ENTER - TIME 8	PART   OR PART 2}
olth and M marked ar	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, PACTORY, OFFI	ZE, FARM, ETC.)	CITY OR TOWN	COUNTY STATE
for us of He 21 is		22a.1 certify that (1) (the hespital saw the deceased alive an above, (1) (we) (did) (did not	4/10 15	and that in (my) (our) open	on death occurred on the date and ha	
RAL DIRECTOR detached total Dept.		224 SIGNATURE	Emoirue	DEGREE ATTENDING PHYSICIAN		- 4/10/86
should be deti with the State	22	TULLIO	FMANU	ELF BAIT	LOCH RAVE	N BLVD
	E	iurial, cremation, removal retombment	1 1 1 10 1	St. Stanislaus	Baltimore	Maryland State
MH - 16 60M 7/84 (VRA 15, 4)		uda-Ruck Fune	Dundalk, MD ral Home 792	21222 2 Wise Ave. 250.0	APR 15 1986	TRAN'S SIGNATURE

HELEN IN HISLEY FELDONG 4 Ference White F 3 3/1 51 E T

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

R	6
0	REG. NO

	1 -	REGISTRAR			CERTIF	ICATE OF DEATH	8 S	.0.	U	1	1 1
1		CEASED NAME FIRST	A	AIDDLE 1/	ı	AST	2a. DATE OF DEATH	MONTH DAY	YEAR	2b. HOU	IR
	(conth	WALTER		L. He	FMI	SISTER,)	April 24,	1986			М
I	3. SEX	4.	RACE	^	S. DATE C		6. AGE (IN YEARS LAST BIR	RTHDAY) IF U	INDER I YEAR		
ı	101	Male		( au.	MONTH	21 83	8	TOS MON	THS DAYS	HOURS	MIN.
٧	o. BIF	RTHPLACEMANY STOPE 76	CITIZEN OF V	WHAT COUNTRY?	8	_/	9 BALTIMORE CITY	R COUNTY OF	DEATH		
1	1	OUNTRY BALTO Count	40	<b>A</b>	WIDOWE	DIVORCED T		ore City	17		MD.
1	10,611	TY OR TOWN OF DEATH			G HOME C	OR OTHER INSTITUTION	120. USUAL OCCUPAT	ION	126. KIND C		
1	Re	altimore		HEACILITY, GIVE STREET A SESWICK HO			Gardner	)F WORKING LIFE)	INDUSTRY	scape	
10	USUA	AL RESIDENCE (IF NURSING HOME OR OT	HER INSTITUTION.	GIVE RESIDENCE BEFORE	ADMISSION)				Land	scape	_
ı	130. S		AND RESIDENCE OF THE PARTY OF T	13c. CITY OR TOWN  Baltimo		13d. INSIDE CITY LIMITS?	4416 Fal		212	11	
1		THER'S NAME			)re	15. MOTHER'S MAIDEN N		IS ROAU		11	
	Wi	illiam Hofmeiste	er	LAST		Lydia Rol	oinson		LAS	ST	
1		AS DECEASED EVER IN U.S. ARME		166 SOCIAL SECUR	RITY NO.	17 INFORMANT	ADDR	ESS			
I	NO		AR OR DATES;	212 32 4	4265A	Alma Hofmeis	ster	same			
I		18 CAUSE OF DEATH (Enter only	one couse per					-11	APPROX BETWEEN	ONSET AND	DEATH
ı		PART I. DEATH WAS CAUSED E IMMEDIATE (	- 1	audios	ulou	onaly a	west	11/1/3			
ı		Line Street, and S	DUE TO, OF	AS A CONSEQUE	NCE OF	0	thest disease				
I		Conditions, if ony, which	(b) C	Werns	eler	Afric Ke ou	t disease	0			
		gove rise to immediate couse (a), stating the	DUE TO, OR	R AS A CONSEQUE	NCE OF			17-53	7		
ı		underlying couse lost.	(c)								
I	7	PART 2 OTHER SIGNIFICANT COL	VDITIONS CO	NTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN	IN PART 1	0	
1	CERTIFICATION	rankinso	h's	Disea	se						
	CA	19a DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W			
1	RTI						YES NO	YES [		NO [	]
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M	r injury M. Month da	Y YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I	ORPART 2)		
ł	CA	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.A		19						
ı	MEDICAL	21d. INJURY OCCURRED	21e PLACE C	OF INJURY EET, FACTORY OFFICE FA	RM ETC )	211 LOCATION STREET	CITY OR TO	)WN	COUNTY	5	STATE
١		AT WORK AT WORK									
		sow the deceosed olive on obove, (I) (we) (did) (did nat) v	ishul 2	4 1986		od that in (my) (our) opinion	to Cightel, 2 death occurred on the de	ate and hour on		that (I) (v	
1	1	226. SIGNATURE	lew me body o	1		DEGREE			22c. DATE	SIGNED	
		m. Is abelle	Tack	plan	17	ATTENDING PHYSICIAN	MEDICAL STA		14-0	24-8	6
1		224. PHYSICIAN'S NAME (TYPE OR PR	INT)			22e. ADDRESS					200
1		7 ISABELLE	MACG	REGOR		700W 404	STREET B	ALTIMOI	DEM	121	2/1

23c. NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/B4 (VRA 15, 4)

or Item 18 shows

IMPORTANT: If he

23a. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
24 FUNERAL DIRECTOR Druid Ridge cemetery 250 DATE 4/28/86

23b. DATE

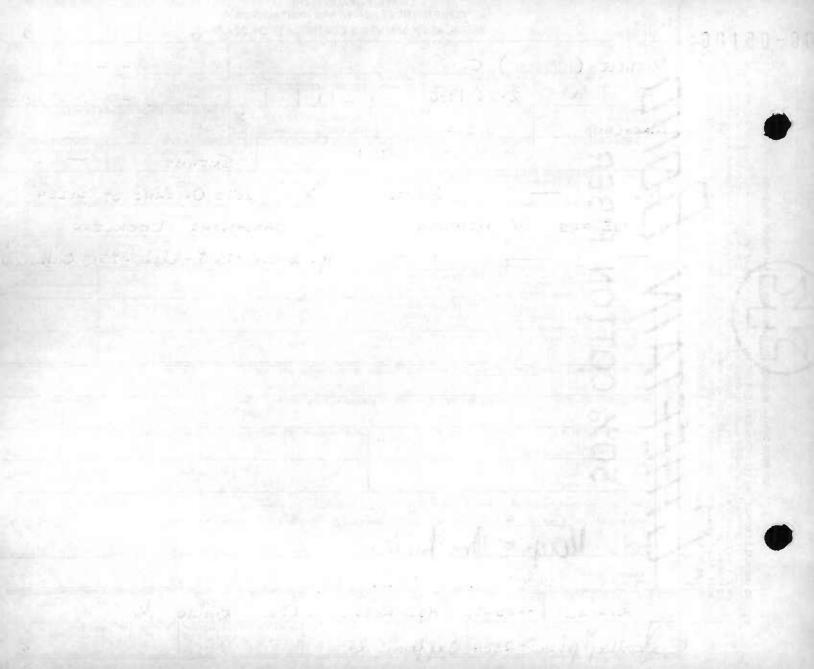
23d. LOCATION

Pikesville, Balto, Co. Md.

EC'D BY REGISTRAR 256, BEGISTRAR'S SIGNATURE

28 1986 Julie Junior - Amelican Burgee-Henss Funeral Home 3631 Falls Road 21211

STATE OF MARYLAND **DEPARTMENT OF HEALTH AND MENTAL HYGIENE** - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 8 REGISTRAR REG. NO KNOWNXX 1. DECEASED NAME 20. DATE 2b. HOUR (IYPE OR PRINT) OF ESTI-EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN 176M 18, GIVE PAGES 1, 2, AND 31O THE FUNERAL DIRECTOR. BAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3, RETAIN PAGE 5 TO THE CHIEF WORD FILES. TO PENDING THE SHOULD BE SHOULD BE OBTAIN AND THE SHOULD BE SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. PAGES 11AND 2 SHOULD BE FILED. WITHIN 72 HOURS AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH RECORDS, 201 W PRESTON STREET, AND THE WARYLAND, 21201 PRIOR TO BURIAL, CREWATION, OR REMOVAL. DEATH MATED □4-27-86 19 MICHELLE 3 SEX 4. RACE DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DAY 2d. HOUR 24. DATE LAST BIRTHDAY) PRONOUNCED 1986 DEAD 10:00A 6-4-27-86 YRS 19 76. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) MERYLAND WIDOWED DIVORCED Baltimore City 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY Baltimore John's Hopkins Hospital INFANT JSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 1136\_COUNTY 13e STREET ADDRESS CITY OR TOWN 13d. INSIDE CITY LIMITS? 2513 ORLEANS 21224 14. FATHER'S NAME MIDDLE FIRST MIDDLE EORGE SAMANTHA OCKLEAR 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17. INFORMANT 21224 IYES, NO. OR UNKNOWN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE Sudden infant death syndrome DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES X NO 🗌 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21d. INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE AT WORK AT WORK 220. I certify that I taak charge of the remains described abave, held an Inspection and in my apinian Inquiry Homicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE4-28-86 Assistant SIGNATURE EXAMINER'S NAME Penn Street Margarita A Korell (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b, DATE 236, LOCATION BALTO BURLAL 4-80-86 REDEEMER 07/B4 25M 24 PUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5))



BP.

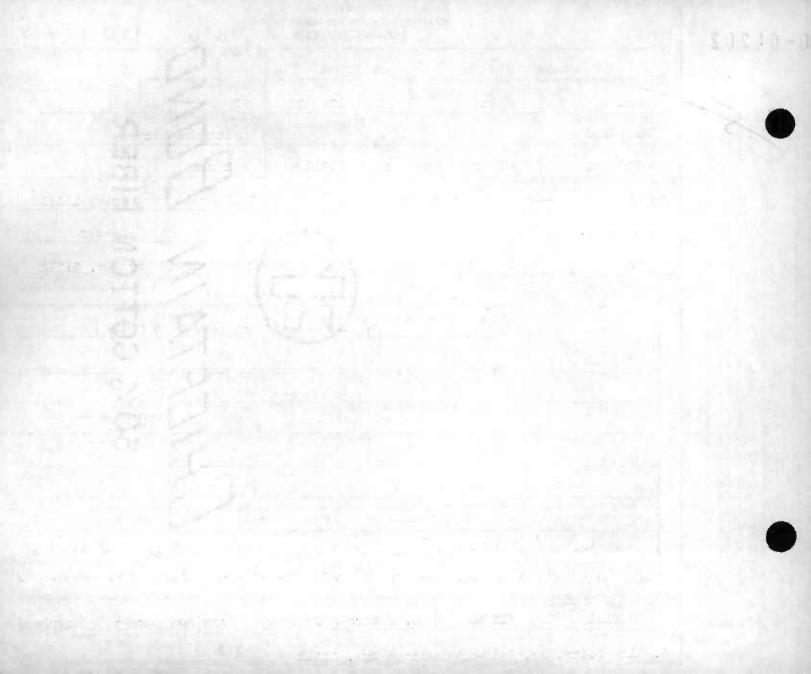
DHMH - 16 60M 7/

(VRA 15, 4)

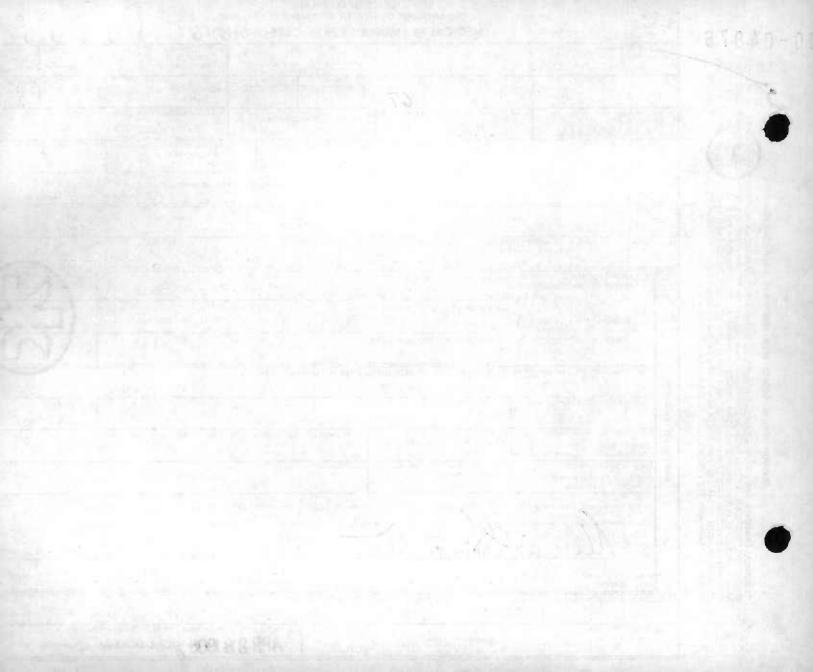
IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumotic event, the medical axa

0-04202

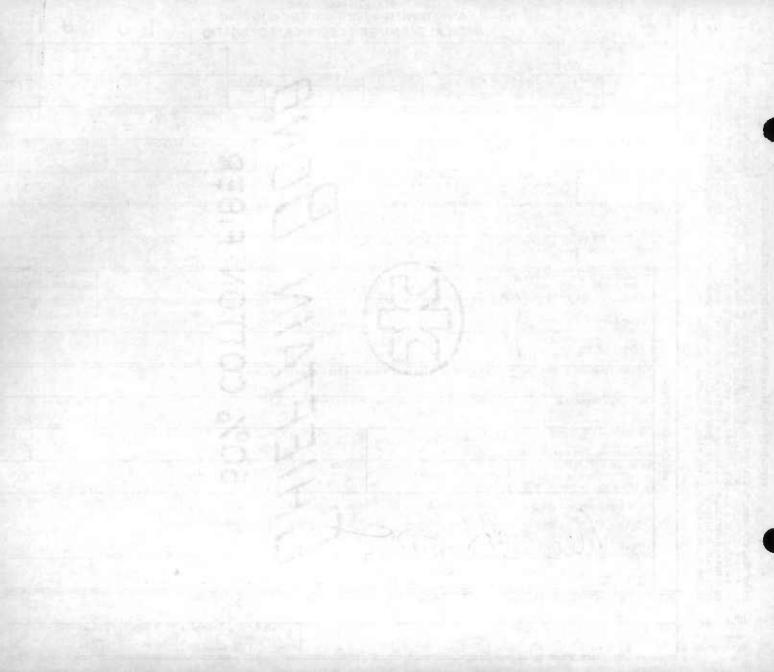
-1					STATE	OF MARYLA	IND					
1	1-	FOR STATE		DEPARTA		EALTH AND P	MENTAL HYG	IENE	6	10	7 9	0
1		REGISTRAR					EAIN		0. NO.	1 0	, ,	•
		CEASED NAME FIRST OR PRINT)		IDDLE		AST		20 DATE OF DEA	HINOM HTA	DAY YEAR	26 HOL	)R
1		Jame	S		Ho	lbrook			4	19 86	5	M
I	1. SE)		4. RACE		5. DATE C		YEAR	6. AGE (IN YEARS	AST BIRTHDAY)	MONTHS DATE		R 24 HRS
ł		Male	White	2	2	12	23	63	YRS		15 HOURS	MIN.
ł	7e. BII	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF V	VHAT COUNTRY?	B	NEVER A	A PRIED	9 BALTIMORE C	ITY OR COUN	TY OF DEATH		
ı		Maryland		USA	WIDOWE		ORCED [	Baltim	ore Cit	У		MD
		ry or town of death  Baltimore	11. NAME OF H	OSPITAL, NURSIN FACILITY GIVE STREET, Cuid Par	GHOME C ADDRESS) C Driv	r other inst		120 USUAL OCC (TYPE OF WORK FOR Retire	MOST OF WORKING	12b. KINE INDUSTI	D OF BUSINI RY	ESS OR
	130 S	AL RESIDENCE (IF NURSING HOME OF		THE RESIDENCE BEFORE		13d. INSIDE C	ITY HAAJTS?	13e.STREET ADD	PESS / 71p CO	DE		
ı		ryland		Baltimo		YES X	NO 🗌	2067 Dr	uid Par	k Drive	e 2121	11
	14 FA	THER'S NAME					MAIDEN NAM	ΛE				
		Herbert T. Hol	brook	LAST		Gra	ace	WIE	DLE	Spice	er	
		AS DECEASED EVER IN U.S. A		166 SOCIAL SECU	RITY NO.	17 INFORMA	NT	,	ADDRESS	45		
	()	YES, NO OR UNKNOWN) (IF YES, G	WW II	216-18-4	4537	Alice	Holbro	ok 2067	Druid P	ark Dr	. 2121	11
		18 CAUSE OF DEATH (Enter o	nly one couse per l	ine for (a) (b) on	dici						OXIMATE INTE	
ı		PART I. DEATH WAS CAUS	EĎ BY: TE CAUSE (o)	Carli		1. Late	~ C	mer			The state of the s	, out and
l		Conditions, if ony, which gove rise to immediate couse to stating the underlying couse lost	DUE TO, OR	AS A CONSEQUE	NCE OF	umo	-, 000	Colung	ma J	Lungs		
l		PART 2. OTHER SIGNIFICANT	CONDITIONS CO	ntributing to [	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR	CONDITION	GIVEN IN PART	Tro	
	CERTIFICATION	19a DATE OF OPERATION	19h CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFO	RMED	20a AUTOPSY		YES, WERE FIN		
ĺ	E							YES TO NO	articles.	TIFYING CAUS	SES OF DEA	
	ICAL CER	210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DE		A. MONTH DA	AY YEAR	21c. HOW IN	JURY OCCURE	ED (ENTER NATURE		لنينا	L	
	MEDIC	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE C	OF INJURY ET FACTORY, OFFICE F	ARM, ETC )	21f LOCATIC STREET	N	CIT	y OR TOWN	COUNTY		STATE
		22a I certify that (I) (this hosp	ital) attended the	deceosed from_			, 19	, to		. 19	_, that (l) (	we) lost
		sow the deceased alive of above, (1) (we) (did) (did n	n	fter death	, on	d that in (my)	(our) opinion o	feoth occurred on	the date and h	our and from t	he couses sto	oted
		22b. SIGNATURE	I sa	1 0	•		TTENDING _	MEDICAL DIRECTOR P	STAFF		TE SIGNED	
		M. S. A 1- 1 B		M M.	<b>9</b> .	22e ADDRES	5	PITAL.		RAVE.	~ BL	-16
İ	23a B	URIAL, CREMATION, REMOVA	23b. DATE	23c N	NAME OF C	EMETERY OR C	REMATORY	23d. LOCATION				
1	(	Burial	4/22/8				Cemeter	V Garr	ison Fo	COUNTY	Marv	TATE
t		INERAL DIRECTOR						REC'D. BY REGIS				Tail
	Δ	Alan Soitz	Tr. 2615	ADDRESS		07	1000	21 198		Canadan	1	
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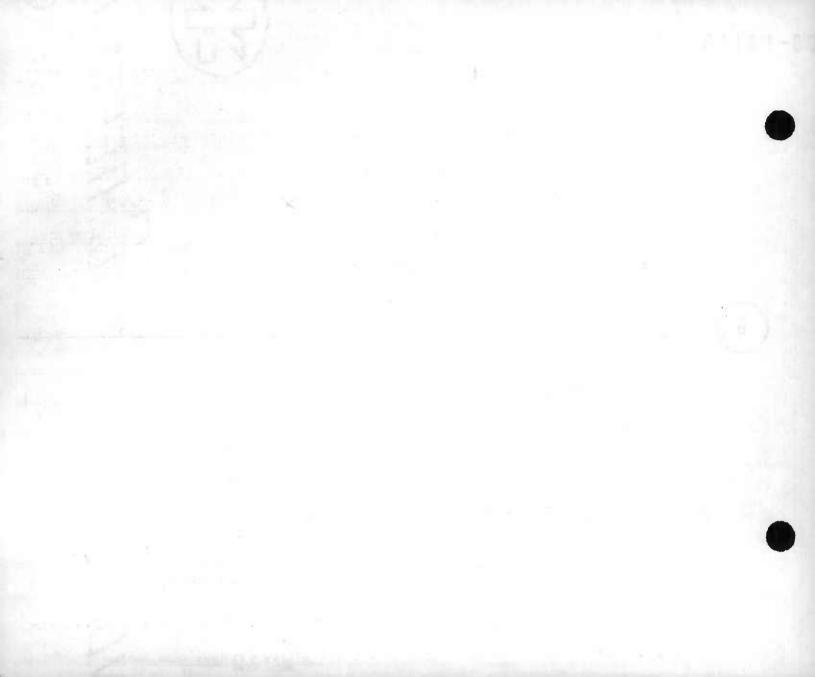
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 6 REGISTRAR . DECEASED NAME 20. DATE KNOWNXX (TYPE OR PRINT) Carrie Carter DEATH MATED HOL I DAY 4. RACE DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR YEAR PRONOUNCED 86 **FEmale** 11 11 18 DEAD Black In RIRTHPLACE (STATE OR THE CITIZEN OF WHAT COLINTA 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY U.S.A. South Carolina WIDOWED Y DIVORCED Baltimore City II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK Baltimore 2124 Pennsylvania Ave. Cook USUAL RESIDENCE HE IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 21217 30 STATE 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 113h COUNTY 13c. CITY OR TOWN Maryland Baltimore 2124 PEnnsylvania Avenue 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Washington Carter Janie Smith 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT DIVISION Unknown 247-20-2006 Thurman Truesdale 4 N. Woodington Road 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL BE USED AS A BURIAL - TRANSIT PERMIT. NT OF HEALTH AND MENTAL HYGIENE, D BURIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY: Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (o)-DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (D) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES [] NO X ICATE, WRITING THE WOR FORWARDED TO THE CH TOR: PAGE 3 SHOULD BE L THE STATE DEPARTMENT C 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 211 LOCATION EXECUTE THE CENTIFICATION WATER
PAGE 4 SHOULD BE FORWARDED
TO FUNERAL DIRECTOR: PAGE 3
AFTER DEATH, WITH THE STATE DE
BALTIMORE, MARYLAND, 21201 F STREET, FACTORY FARM FIC ) STREET CITY OR TOWN WHILE AT WORK COUNTY 22a. I certify that I took charge of the remains described above, held on Autopsy Inspection Suicide death resulted Homicide L Undetermined manner MD Assistant MEDICAL EXAMINER 4-20-86 EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St., Balt., MD. (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 23b, DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION BURIAL 4/29/86 Eastview Memorial Pk. Baltimore, MAryland 07/84 24. FUNERAL DIRECTOR **DHMH - 17** March Funeral Homes  $1101^{\text{Ropress}}$  East North Avenue (VR A15 ME (5))

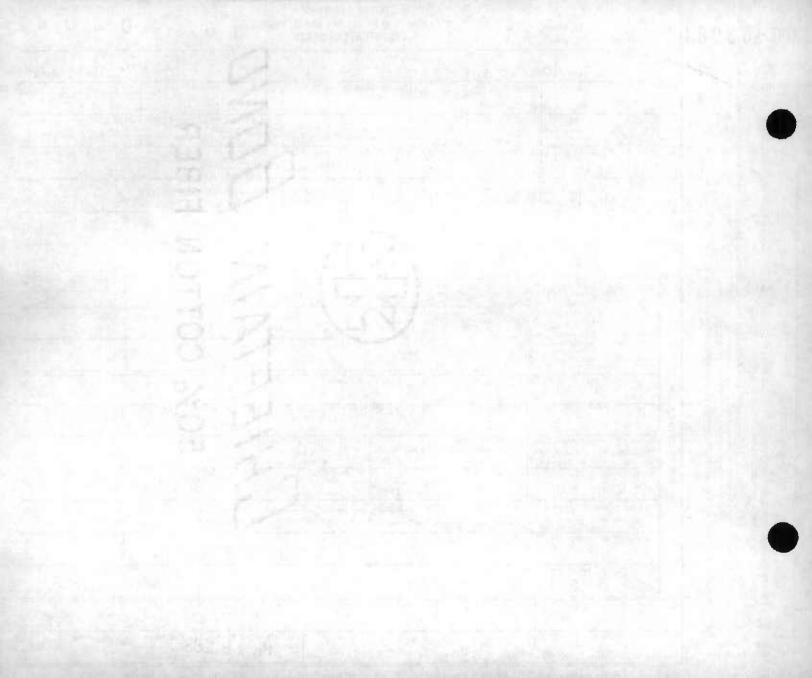


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13	FANY DELAY IS NECESSARY, PLEASE 2, AND 3 TO THE FUNERAL DIRECTOR. 3. RETAIN PAGE 5 FOR YOUR FILES. SHOULD BE FILED, WITHIN 72 HOURS ALRECORDS, 301 W PRESTON STREET,	1.7	Baltin	nore	700	blk. N.	Carrol	Llton	Ave.			orer			Car	OR INDUSTI OUSE!! eaners	
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	MEDICAL CUTE THE SE 4 SHO FUNERAL ER DEATH	100	EXAMINER'S N	NAME Denr	nis F.	Smyth,	M.D.		ADDRESS	111 P	enn	St.,	Balt	t., N	D	21201	
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH EXECUTE THE CERTIFICATE, WRITING THE WORD, "PENDING" IN PENCIL IN ITEM 1B. GIVE PAGES I PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM, PW TO FUNDERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL, IRANSIT PERMIT. PAGES I AND BATTER DEATH, WITH THE STATE DEPERMENT OF HAALTH AND MENTAL HYGIENE, DIVISION OF WITH BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	23a Bi		ION, REMOVAL 2			NAME OF CEA		ADDRESS_			CATION					
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STATE OF MARYLAND





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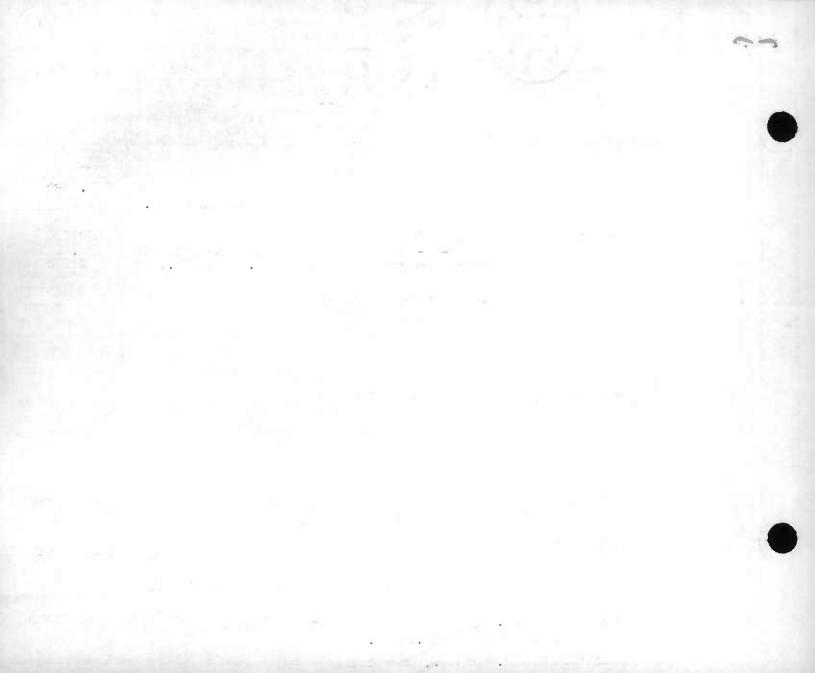
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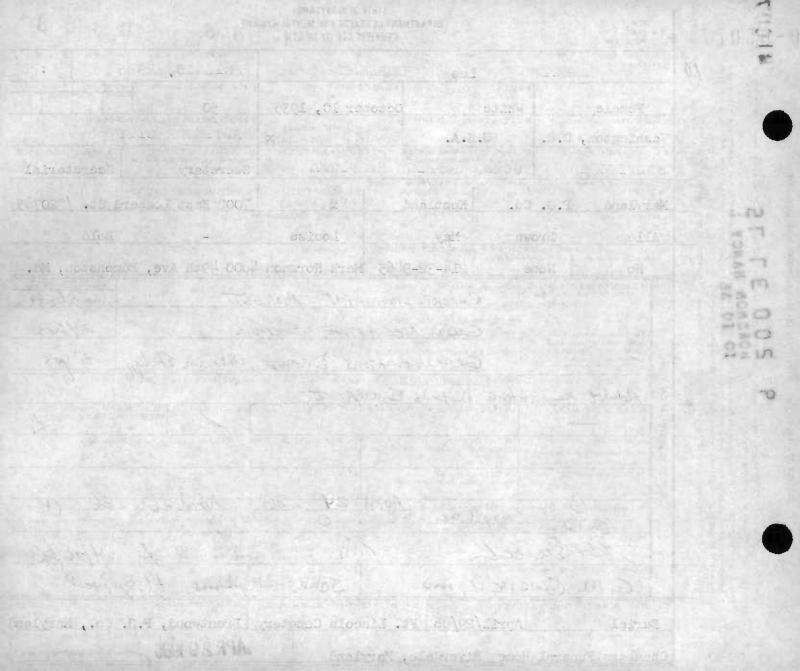
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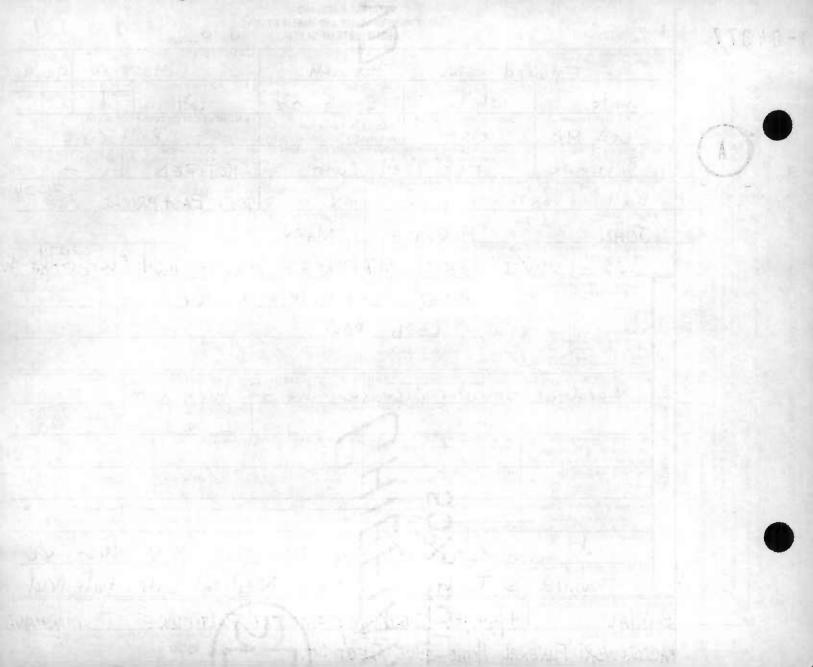
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age 4 may rector, pay	3. SE	Fenale	Black	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	
r death. P	70. B	CHARACE (STATE OR FOREIGN COUNTRY)  CHARACTAL  TY OR TOWN OF DEATH		MARRIED NEVER MARRIED VIDOWED DIVORCED IG HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION	126 KAND OF BUSINESS OR
the south	USU 130	AL RESIDENCE (IF NURSING HOME OF TATE	OR OTHER IN THE ON GIVE RESIDENCE BEFORE	Dursing Center	13e.STREET ADDRESS / ZIP CO	
within 24 desp		THER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN N  MAGGIE	AME MIDDLE	He fre 2121
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requires that the death c sen signed by the attendir 1. Then please remove carl art a bural, cremation, ar	NOI			ENCE OF DEATH BUT NOT RELATED TO THE TER		
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Pb TO HOS should be with the	23a.	BURIAL, CREMATION, REMOVA	1236. DATE 23-V6 16	NAME OF CEMETERY OR CREMATORY ACTIMORE CEMETE	PU BALTIMORE	COUPTY M. DISTATE
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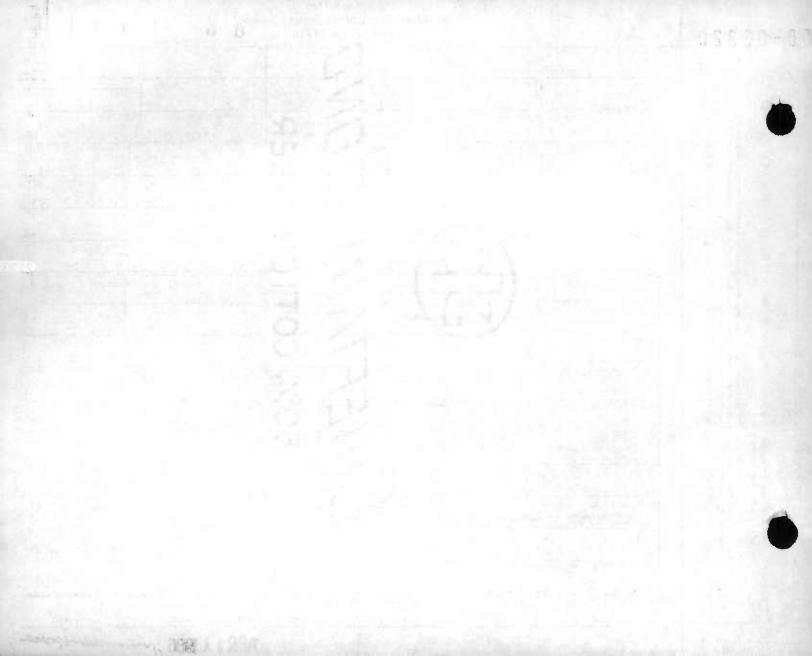
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	mo)	3. SE	X	4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
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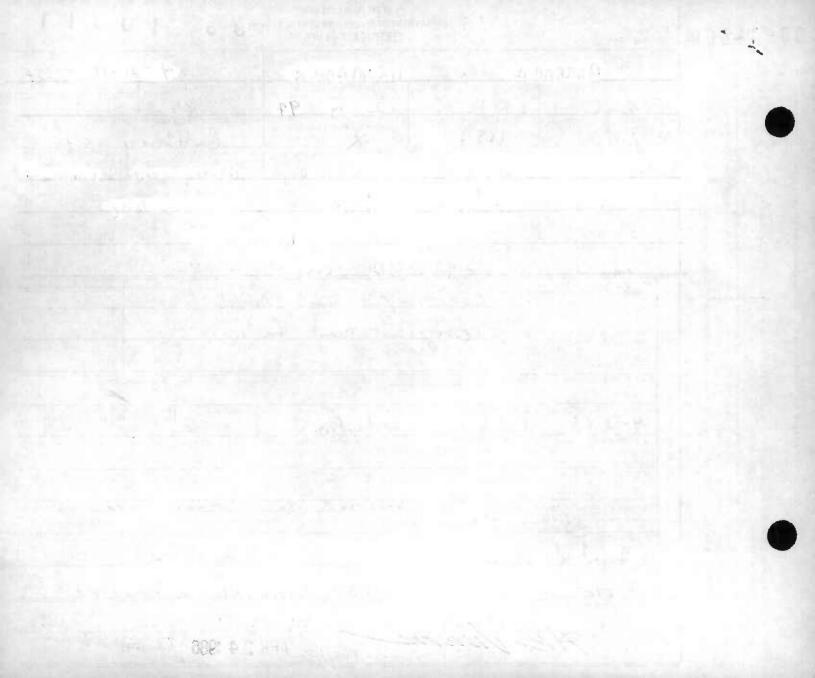
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m 3 0 0	160.	VAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SEC	URITY NO. 17. INFORMANT	ADDRESS	2024
MORE, ond or Poges		YES, NO OR UNKNOWN) (IF YES, GI	WIT 220.05	-9787 FLORENCE	HODVATH 7054	ENSTRPME AL
ALTI te b icio		18 CAUSE OF DEATH (Enter or	nly one couse per line for (o), (b), q	nd (c).1	HOWAITI 1-01	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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that the that the observement rather in		cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEOL	JENCE OF		
s the	A	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIV	EN (N PART 1/p)
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RECORDS  low requi  so been signermit. There e prior to to to sony injury	S	190. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20g. AUTOPSY? 20b. IF YES	, WERE FINDINGS USED YING CAUSES OF DEATH?
	CERTIFICATION				YES NOW YE	s   NO
F VITA  F VITA  AN: The physicion of inficote of infic	1	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	THE PARTY OF THE P	DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 P	ART 1 OR PART 2)
ON OF HYSICIA ding pl his certif buriol-t	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE)  21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	21f. LOCATION		
//Sig	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE,		CITY OR TOWN	COUNTY STATE
Do 4 9 O E			ital) attended the deceased from	, 19		19, that (I) (we) last
F 2 p 5 p 12			n		death occurred on the date and hou	
At OR AT v the hosp value of the control of the con		226. SIGNATUR	11/	DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED
HOSPITAL ined by the FUNERAL uld be det ortant:	-	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	PHYSICIAN [	DIRECTOR PHYSICIAN	14-20-84
TO HOSPITAL (retoined by the TO FUNERAL Is should be detoined with the State I IMPORTANT. IF		Howard	S TUCH	FSKN	Medical Cutr	Dalt Mid
	230	BURIAL, CREMATION, REMOVAL	. 23b. DATE 23c.	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY
BP	TY.	UNERAL DIRECTOR	14 94 186 0	AKLANN CEMETER	TALTIMORE TE REC'D. BY REGISTRARIZSO. REGIST	MARYLAND
DHMH - 16 50M 4/B2 (VRA 15, 4)	V	DAME CIOR	EDDI ILAME ADDRESS	OF DEET ST SO. DA	APR 22 1986	KAK S SIGNATURE
(*10, 10, 4)	M	ZUKUYVONI FUN	באחר ותמווני ביני	XO FEGI AII		



4 may be or, page 3 ofter death	III. DE	CEASED NAME FIRST		MIDDLE	LAST	ATH Ö	REG. NO			
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77	3. SE	<b>(</b>	4 RACE	5	DATE OF BIRTH	6. AGE	(IN YEARS LAST BIR	THDAY) IF U	INDER I YEAR	HOURS M
ge ecto	1	Female	Whit	e	1 18	38	48	YRS.		
Pool of		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY? 8	MARRIED NEVER MAR	9 BALT		R COUNTY OF	DEATH	1,141
nero nero	10.65	arvland	U.S.A			COM.	altimon	ce City		
er d		TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSING	HOME OR OTHER INSTITU	ITION 12a USL	JAL OCCUPATI	ON		F BUSINESS
to the	В	altimore		CH FACHLITY, GIVE STREET ADD			work for MOST O		INDUSTRY	0 6 66
in b	USU.	AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE AD	MISSION				Jenkin	s & Sc
24 h		ryland   3b co	YTAL	13c. CITY OR TOWN	13d. INSIDE CITY		ET ADDRESS		-1 1	01001
thin 2 sho		THER'S NAME		Baltimore	YES NOTHER'S M	AIDEN NAME	/ washi	ngton I	BIVd.	21230
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5	14- 1	Clarence VAS DECEASED EVER IN U.S. A	Albert	Cottri		lian	Mari	0.0		rman
n and c		(IF YES.	GIVE WAR OR DATES)				ADDRE	2123	30	
cran cran cres. Pers. Pe		NO		219-34-16	03   Robert	A. Howard	1207	Washing	rton B	lvd.
been signed by the mint. Then please re prince to burial, cree any injury, or ather	IFICATION	PART 2 OTHER SIGNIFICANT  Sepsis  19a. Date of Operation	CONDITIONS CO				EASE OR CONI	20b. IF YES, W	ERE FINDIN	GS USED
he lo	1 E					YES	NON	IN CERTIFYIN		OF DEATH?
ysicide rousile Hygin 18 sho	CERT	21a. ACCIDENT WAS UNDERLYING	216. TIME C		21c. HOW INJUR	Y OCCURRED (ENT				
SICIAI ng ph certifu riol-tr entall		OR CONTRIBUTING CAUSE OF D	CATO	M. MONTH DAY	YEAR					
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G Pl er # s the ond ked	×	WHILE NOT WHILE AT WORK	(AT HOME, STI	REET, FACTORY, OFFICE FARM	A, ETC ) STREET		CITY OR TO	WIN	COUNTY	STATE
CENDIN of or		22a.t certify that (I) (this has	pital) attended th	e deceased from AT	PRTI. 3	19 <u>86</u> , 10	APRTI.	9 19	96 1	hot (I) (we)
Z - 0 3 - 5		sow the deceased alive o above, (l) (we) (did) (did i	- APRIL	9 19_	86and that in (my) (out					
TOR TOR of He		22b. SIGNATURE	or; view the body	offer deoth.	DEGREE				22c. DATE S	
trie of to		A.G. N	diso	in	ATTE	NDING MEDIC	AL STAF	F	4/6	3/81
ok ATT by haspiil by NECT ched fa ched fa ched fa ltem 21			con	1 1-1-1	22e ADDRESS	SICIAN DIRECT	OR   PHYSIC	IAN	1//	0
ok ATT by haspiil by NECT ched fa ched fa ched fa ltem 21		27d. PHYSICIAN'S NAME (TYPE	OR PRINTT}							
ok ATT biRECT ched fa ched fa ltem 21						CHURCH				TION
ok ATT e haspii DIRECT ched fa Ched fa Ltem 21	00 -	A.F. NORZEN	MI M.D.		100 N	BROADW	AY BAI			
PITAL OR ATT by the haspin ERAL DIRECTO se detached for State Dept. of ANT: If Item 21	23a B		MI M.D.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		BROADW		TIMORE		



4609	1	FOR STATE REGISTRAR			DEP	ARTMENT OF H	OF MARYLAND EALTH AND MENT ICATE OF DEAT		E8 6	NO.	3 8 1	1
(		CEASED NAME	FIRST		MIDDLE		AST	20	DATE OF DEATH		AY YEAR 21	HOUR
Off for	1800	CON PROPERTY.	Barbar	a	J.	Н	romadnik		Ar	oril 21	1986	3:25 PM
0	3.56	Х	1	I. RACE		S. DATE C		6. /	AGE (IN YEARS LAST	BIRTHDAY) II		UNDER 24 HRS
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35	70 B	RTHPLACE (STATE	OR FOREIGN	b. CITIZEN OF	WHAT COUN	TRY? 8 MARRIE WIDOWE	D NEVER MARRI	IED '	BALTIMORE CIT	OR COUNTY O	OF DEATH	LV MD.
W.	R	ITY OR TOWN OF E		5 dwth	CH FACILITY, GIVES	TREET ADDRESS)	COPER INSTITUTE	{T	USUAL OCCUP VPE OF WORK FOR MO Self. – En	ST OF WORKING LIFE)	12b. KIND OF E INDUSTRY Florist	USINESS OR
影	m	AL RESIDENCE (15 N	URSING HOME OR O	TY	13r. CITY OR Hanov	TOWN	13d INSIDE CITY LIM		STREET ADDRES		21076	
12	) F	James	~	NIDDLE	LAST Sev	ick	15 MOTHER'S MAIL FIRST Anna	DEN NAME	WIDDIE		Unknov	√n
Codico 2		WAS DECEASED EV YES, NO OR UNKNOWN)	(IF YES, GIVE	MED FORCES? WAR OR DATES!	2193	2068 17	Mrs. I	Evelyn	O. Kell	oress .um Same	e as 13	
la burial, cremation, or remoral ijury, ar ather traumatic ment, it	Z	Conditions, if o gave rise to cause (a), stc underlying car	IMMEDIATE  ny, which mmediate titing the use lost.	DUE TO, C  DUE TO, C  DUE TO, C  (b)  DUE TO, C	Cardi DR AS A CONSI DR AS A CONSI	EQUENCE OF	heart NOT RELATED TO TH	Ar La:	rest Lare	ONDITION GIVE		TE INTERVAL ET AND DEATH
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ked	MEDICAL	21d. INJURY OCCU		21e. PLACE	.M. OF INJURY REET, FACTORY, OF	FICE, FARM ETC )	211 LOCATION STREET		CITY OF	RIOWN	COUNTY	STATE
of Hea 21 is m		22a I certify that saw the dece above, (I) (we	(1) (this hospite ased alive an yidid)(did nat		-	19.86, 01	d that in (my) (aur) (	S6 opinion deat	ta 4 → 2 h accurred an the		and from the cau	
with the State Dept.		22d. PHYSICIAN'S	NAME (TYPE OR	C.	1		22e ADDRESS	DING M	MEDICAL S IRECTOR PHY	TAFF SICIAN X	22α. DATE SIC	GNED
should be det	22-	Hober		>h	47/	22 - 1/4/15 - 5 - 5	3101 5	Har	wh.	Baltim	re Md	
	230	BURIAL, CREMATIO		23b. DATE	100		EMETERY OR CREMA		23d LOCATION		COUNTY	Md.
6 60M 7/B4 15, 4)		Buria UNERAL DIRECTOR Singleton	AH	Apr.24	ma	ne	n Nationa Marylan	250. DATE RE	2 4 1986			



	1 /				TE OF MARYLA		1.00		
00700	11-	FOR STATE		DEPARTMENT OF				08	12
3/23/	1	REGISTRAR		DICAL EXAMIN	IER'S CERTIFI	CATE OF DE	ATH REGIN	10.0	
		CEASED NAME	FIRST	WIDDLE	LAST		20 DATE KNOWN	MONTH DAY	YEAR 26 HOUR
	1		chard	F.	Hubbe		OF ESTI-		/19 86 M
	3. SE		S. DATE OF BIRTH	6. AGE IN Y	ARS IF UNDER TYR.	IF UNDER 24 HRS.	2c DATE	MONTH DAY	YEAR 24 HOUR
	M	ale Cauca	sian 2/ 10	1 28 LAST BIRTHE	RS. MONTHS DAYS	Hours MIN.	PRONOUNCED DEAD	4/ 74	1:00
ı	-	IRTHPLACE (STATE OR	7b. CITIZEN OF W		10		9. BALTIMORE CITY		/19 86 P M
1	F	aryland	PC-0 49 T			VER MARRIED		_	DEATH!
d		ITY OR TOWN OF DEATH	U.S.A.	SPITAL, NURSING HOM	WIDOWED .	DIVORCED 120 145	Baltimore	e City,	MD.
In	10.0		(IF NOT IN SUCH F	ACILITY, GIVE STREET ADDRESS)	E, OR OTHER INSTITU		MOST OF WORKING LIFE	PE OF WORK	R INDUSTRY
	11011	Baltimore		leet St.		Lor	ngshoreman	Shi	p Ceiler
ď	13a S		COUNTY	13c. CITY OR TOWN	134 INSIDE (	CITY LIMITS? 13e STI	REET ADDRESS		
į	Ma	ryland =		Baltimore	YES TO	NO 152	25 Fleet St	#2123	31
	14. F	ATHER'S NAME FIRST	AIDDI F	LAST	IS. MOTH	ER'S MAIDEN NAM	E MIDDLE		LAST
Ç	1	Phillip		Hubbe		Inna	Mode		nowicz
1	16a.	WAS DECEASED EVER IN L	J.S. ARMED FORCES?	166 SOCIAL SECURIT			ADDRES		2011202
	1		rean Conflic	t 217-22-60	33 Eliger	e S. Hubi	e-3106 Fos	ter Ave	#21221
			nter anly one cause per lin		22 Magon	ic b. Hubi	20-2100 103	A	APPROXIMATE INTERVAL
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at, chemony, on hemory.		IM.	MEDIATE CAUSE (a)	R AS A CONSEQUENCE		river			
		Conditions, if any,		CAS A CONSEQUENCE	OI .				
		gave rise to imm							
		lying cause last.	DUE TO, OF	R AS A CONSEQUENCE	OF			1	
			(c)						
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	CERTIFICATION								
	3	190 DATE OF OPERATIO	N 19b. COND	TION FOR WHICH OPE	RATION WAS PERFOR	RMED?		20 /	AUTOPSY?
							2534 1-14	. in	EAD ONLY PES X
100	8	21a. EXTERNAL CAUSE V		FINJURY A. MONTH DAY YEA	21c. HOW INJURY	OCCURRED (ENTER	NATURE OF INJURY IN ITEM SE	B PART 1 OR PART 21	
-	13	CONTRIBUTING CAU							
	MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY (AT HOME,	21f. LOCATION STREET			7 - 4 4	
	2	WHILE NOT WH	ILE STREET, PAC	TORT, PARM, ETC.)	STREET		CITY OR TOWN	COUNTY	STATE
			k charge af the remains de	: LITEAD LONES	Autopsy X	, , ,			
						Inspection,		and in my apinian	
		death resulted fram:	Natural causes X,	Accident L., Su			termined manner		
		ACTUAL	Milo 10) A	· Mall		SPECIFY)		DATE	
7		SIGNATURE	more III	w pro	M.DAs:	sistant MED	DICAL EXAMINER	SIGNED	1/15/86
1	1	EXAMINER'S NAME	Maxaarita	Novoll 1	D	111 -	01		
6	4	(TYPE OR PRINT)	Margarita A.				enn St.		
	.23a. E	URIAL, CREMATION, REMO	OVAL 236. DATE		METERY OR CREMATO	CITY	OCATION ORTOWN	COUNTY	STATE
	-	Burial	4/17/86	Garrison	Forest Ve	terans O	rings Mills	Balto,	, Md.
		UNERAL DIRECTOR	ADDRES			APRIERECD.	086° 36462.78	FAR'S S. TAT	
	Ge	eorge A. Webe	er & Sons Inc	705 S. A	nn St.	- 0	0	- Alan	

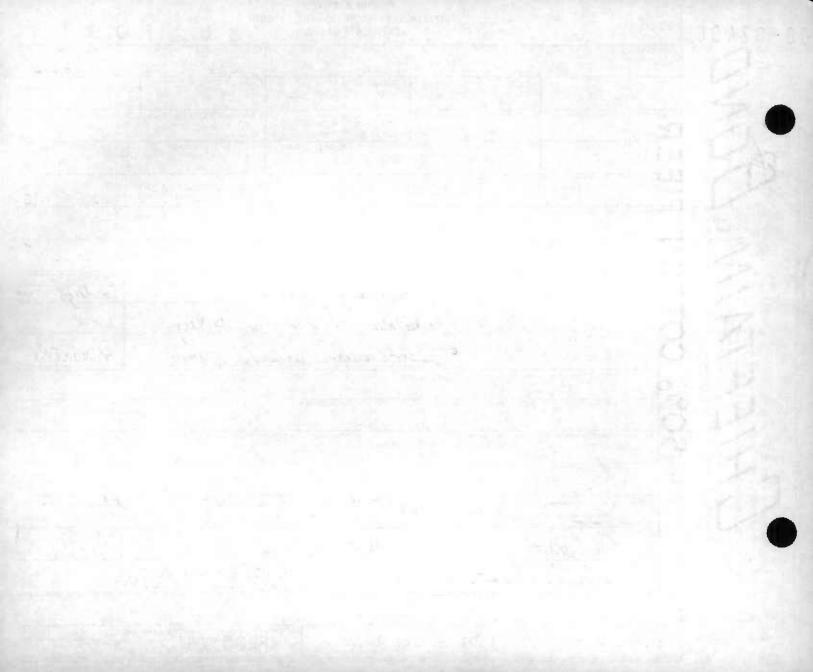
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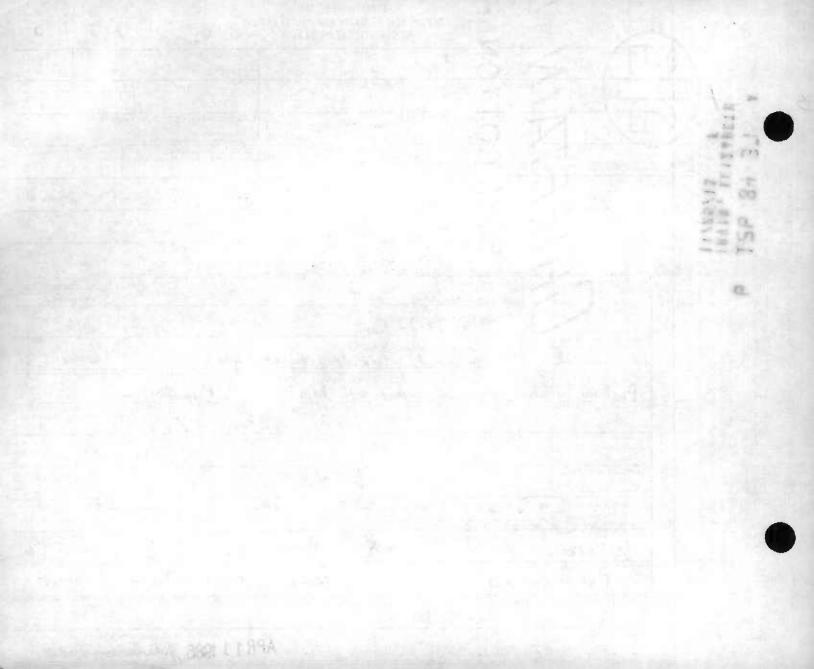
STATE OF MARYLAND



DHMH - 16 50M 1/81 (VRA 15, 4)

WM.C.MARCH F/H INC. 1101 E.NORTH AVE.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE APR 1 1 1986 Fulia Davidson Renderes



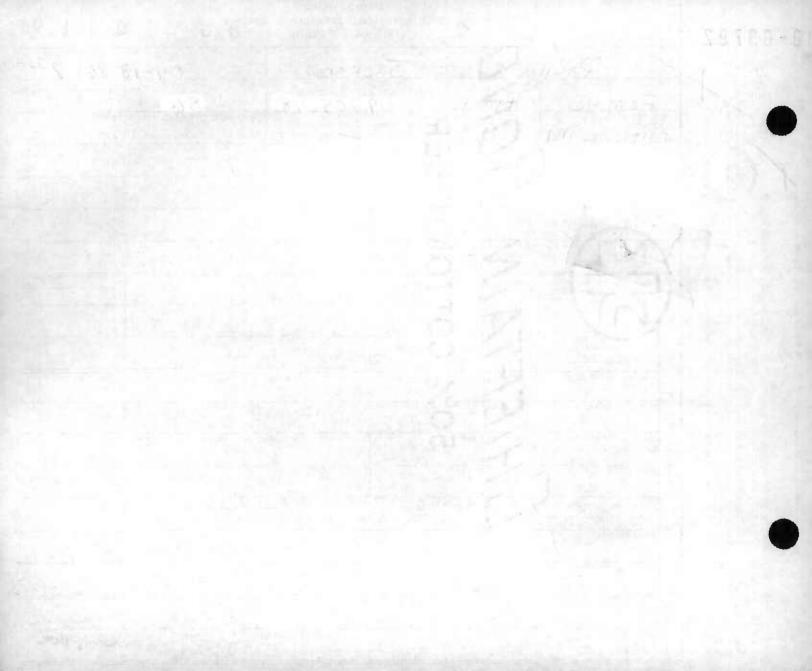
		1	FOR	STATE OF MARYLAND	
0 0	2202	1-	STATE REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGINO.	8 1 7
0 - 0	3383		CEASED NAME FIRST	MIDDLE LAST 20. DATE KNOWN TO MONTH	DAY YEAR 26 HOUR
	38.88 F	(TA	PE OR PRINT) ALLAN	Sheppard JACKSON OF ESTI- A DEATH MATED 4	6 1986 M
	TREE FILE	3 SE		5. DATE OF BIRTH 6 AGE (IN YEARS   IF UNDER 1 YR. IF UNDER 24 HRS. 24. DATE MONTH	DAY YEAR 24 HOUR 5:57
	N SI	M	TALE BLACK	ANNTH DAY HEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN. PRONOUNCED DEAD 4	6 1986 5:57 am
V	SSAB SAL ESTO	7a. B	IRTHPLACE (STATE OR DREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?  8 MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNT	77 04711
	SE SE	13	ALTIMORE, MO	U.S. A. WIDOWED DINORCED Baltimore City	y MD.
	SHE HE SE	10. €	ITY OR TOWN OF DEATH	1). NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  120. USUAL OCCUPATION (TYPE OF WORK    FOR MOST OF WORKING LIFE)	126 KIND OF BUSINESS OR INDUSTRY
	ELAY PETER SEFE	I	Baltimore	University Hospital (STU) CARDENTER	SK II BOOKK
100	TOPE ST	13a. S	AL RESIDENCE (IF IN NURSING HOME OF	R OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	12/1
21201	A S S S S S S S S S S S S S S S S S S S		40	BALTIMORE YES X NO [] 2466 LAKEVIEW	AVE.
SA CA	H- 30		ATHER'S NAME	NIDDLE LAST IS. MOTHER'S MAIDEN NAME MIDDLE FREST	LASY
	AN PER		WAS DECEASED EVER IN U.S. ARA	TO COSON TO TAKE	EREBEE
MALTIMORE MD	FIER FOR FOR	100.	(IF YES, GIVE V	WAR OR DATES)	#17
	PA(GIV	-	NO		APPROXIMATE INTERVAL
PRESTONST	A 18 C 18		PART I DEATH WAS CAUSED	WILLIAM CHRENCH WOLDING OF CHACT and hear	BETWEEN ONSET AND DEATH
NO	VAI PER VAI		IMMEDIAT	E CAUSE (a) MCCTOTOTO GATISTIC OF WOODINGS OF CITES OF ATIO THE CA	
2	ER A		Conditions, if any, which		
3	ANN OR A PARTY OF A PA		gave rise to immediate cause (a) stating the <u>under-</u>	DUE TO, OR AS A CONSEQUENCE OF	4
W 102	SALE SALE		lying couse last.	(c)	
DIVISION OF VITAL BECORDS	EXECUTE OF THE PROPERTY OF THE		PART 2 OTHER SIGNIFICANT CONDITIONS C	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0)	
0	A SALTI CREE	CERTIFICATION	14 - 0.475 - 0.5 - 0.550 - 4.710 - 4		
	OULL SED SF HE	S	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
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C	THE STATE OF THE S		UNDERLYING OR CONTRIBUTING CAUSE OF D		RT 2)
	SHO TO	MEDICAL	21d INJURY OCCURRED	THE PLACE OF INJURY LATHOME. 211 LOCATION	
2	S CE REDELLA	M	WHILE NOT WHILE AT WORK	s treet 300 block Gold St. Balt. City	UNTY STATE MD
	E, WA			poor brock dord by. barv. orty	
	A P P P P P P P P P P P P P P P P P P P		- /	the regulars described above, held an Autopsy 🐰 , Inspection 🔲 , Inquiry 🔲 , and in my ap	inian
	CAM RRTIF VITH VRYL		death resulted from Natur	Accident	
	MACON THE STATE OF		ACTUAL SIGNATURE	M.D. Chief MEDICAL EXAMINER SIGNEI	4-6-86
	ORANGE STATE		1100	MEDICAL EXAMINER SIGNED	
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSARY, PLEASE EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PRICIL IN 1TEM 1B. GIVE PAGES 1, 2, AND 3 TO THE FUNERAL DIRECTOR. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3, RETAIN PAGE 5 FOR YOUR FILES. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED. WITHIN 72 HOURS AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION DEATHAL RECORDS, 301 W PRESTON STREET, BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	1	(TYPE OR PRINT) John	E. Smialek, M.D. ADDRESS 111 Penn St., Balt., MD	21201
	524548	23e, E	URIAL, CREMATION, REMOVAL 23		NTY STATE
07/8 25M	4 BP	1	BURIAL	4/10/86 MT CALVARY GLEN BURNIE	MO
25/14	DHMH - 17	24. F	UNERAL DIRECTOR	ADDRESS APRIL 1 1086 Fulia Davida	IGNATURE
	(VR A15 ME (5))	10	THAM J. STICE	ELLYFIEL 1206-08 W. NORTH AVE APR 1 1 1986 Fisher Davidson	V-Nadance

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	- 5	TATE	M				ID MENTAL		_	1	. 0	8	1	8
9 1	-	REGISTRAR EASED NAME FIRST	7011	MIDDLE	AAMIINE	LAST	TIFICATE	OF DG		REG. N	_	DAY	YFAR	2b. HOUR
-		Georg	10	(1)		Jack	con	500	OF	ESTI- MATED	3 4/	7/	19 86	
3.	. SEX	4. RACE	S. DATE OF BIRTH		6. AGE (IN YEARS	IF UNDER		ER 24 HRS.	2c. DATE		MONIH	DAY	19 OU YEAR	3:26
	n	PALEBIACK	04-03	- 26	LAST BIRTHDAY)	MONTHS	DAYS HOURS	MIN.	PRONOUN DEAD	ICED	4/	7/	186	3:26 P M
27	a BIF	RTHPLACE (STATE OR LEISN COUNTRY)	76. CITIZEN OF Y		0	MARRIED	NEVER MAI	PRIED	9 BALTIM	ORE CITY	OR COUN	TY OF		
0	V	IRGINIA	U	SA	,	WIDOWED		RCED	Balt	imore	e Cit	у,		MD.
	0. CII	Y OR TOWN OF DEATH	11. NAME OF HO	SPITAL, NUR	SING HOME, (	OR OTHER IN	NSTITUTION		AL OCCUI	ATION (TY	PE OF WORK	126 KI	IND OF BUR INDUST	ISINESS
1	10111	Baltimore	115 N.	Monro	e St.									
	30 ST	RESIDENCE (IF IN NURSING HOME OF	OR OTHER INSTITUTION, (	13 SITY	OR ICWN		INSIDE CITY LIMITS	13e STR	EET ADDRE	ss Q	10	71	22	3
4		THER'S NAME		DH	L1111101	YE YE		16	, 5	· FU	UH5	KI		1.
	)	FIRST	MIDDLE	ı	AST	15.7	MOTHER'S MA	< U	м	IDDLE	14	201	UST	145
		'AS DECEASED EVER IN U.S. AR	MED FORCES?	16b. SOC	IAL SECURITY P	10. 17 1	NEORMANT	27		ADDRES	S	1 Cr	200	<u></u>
/	(AE	S. NO. OF UNKNOWN) (IF YES GIVE	-1946	230	-26-34	66 (	LEO	SAC	KSON	) 7	65	P	XAS	KIST
F		18 CAUSE OF DEATH (Enter or	nly one couse per lin	e for (o), (b),	ond (c).)							I - A	PPROXIMATI	E INTERVAL T AND DEATH
		PART I DEATH WAS CAUSE	D BY: TE CAUSE (a)		Fa	tty C	irrhosi	s of t	he Li	ver		BEI	MEEN ONSE	AND DEATH
Š	-		DUE TO, O	R AS A CON	SEOUENCE OF									
S S		Canditions, if any, which gave rise to immediate												
5		cause (a) stoting the under- lying couse last.	DUE TO, O	R AS A CON	SEQUENCE OF									
1			(c)											
4	z	PART 2 OTHER SIGNIFICANT CONDITIONS	_	BUT NOT RELAT	EO TO THE TERMINA	AL DISEASE OR C	ONOITION GIVEN IN	PART 1 (a)						
$\exists$	150	Seizure Disord		ITION FOR V	VHICH OPERA	ION WAS P	FREORMED?					20	AUTOPSY	2
	FIC.			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								HE.		ABDQ.
5	CERTIFICATION	21a EXTERNAL CAUSE WAS	21b. TIME C			21c HOW I	NJURY OCCUR	RED (ENTER I	NATURE OF IN.	OURY IN ITEM 18	BPART I OR F.	ART 2)	IES [W]	NO L
		UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH P./		DAY YEAR									
	MEDICAL	214 INTURY OCCURRED	21e. PLACE	OF INJURY	(AT HOME,	21f. LOCATI	ON							
	¥	WHILE AT WORK AT WORK	STREET, FAI	JORT, FARM, ET	<u>)</u>	STREET			CITY OR TO	WN	CC	YTMUC		STATE
5		22a. I certify that I taak charg	ge of the remain de	scribed abov	re, held an	Autapsy	X Inspec	tion .	Inquiry		nd in my o	pinion		
			ral causes	Acciden	Suici		Homicide		ermined mo		, 0	,		
			1	1	V		ITLE (SPECIFY)			12				
		ACTUAL SIGNATURE	V	1		M.D	Assista	nt_MED	ICAL EXAM	INER	DATE	ED_4	4/8/8	6
				6.										
7		EXAMINER'S NAME (TYPE OR PRINT) Gre	egory R.					111 Pe	enn S					
TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT FERMIT. PAGES I AND AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGENE, DIVISION OF MID BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		ACTUAL	Train couses	7	3016	T	ITLE (SPECIFY)				DATE SIGN	ED4	4/8/8	6

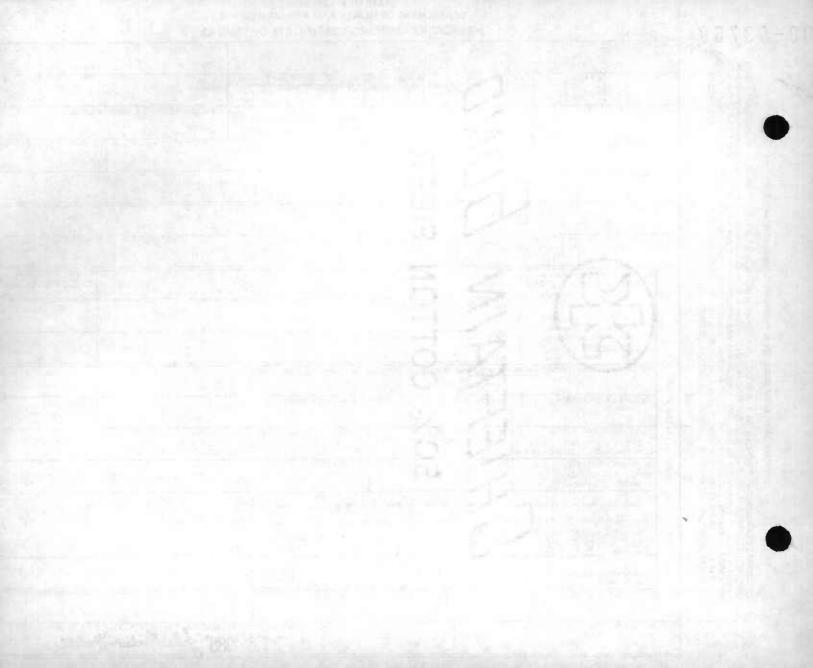
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(VRA 15, 4)

STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATHS REGISTRAR DECEASED NAME 20. DATE KNOWN X MONTH 2b. HOUR (TYPE OR PRINT) ESTI-S NECESSARY, PLEASE FUNERAL DIRECTOR. S FOR YOUR FILES. D, WITHIN 72 HOURS W, PRESTON STREET, DEATH MATED 4-12-86 10 RICHARD JACKSON AGE (IN YEARS 4. RACE 5. DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS 2d. HOUR DATE LAST BIRTHDAY) PRONOUNCED 6 1964 4-12-86 10 6:40P -male black DEAD 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR MARRIED NEVER MARRIED X FOREIGN COUNTRY) US Baltimore City Md WIDOWED DIVORCED 16. CITY OR TOWN OF DEATH USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Construction Co Laborer University Hospital STU Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 8359 Church Lane 21207 13a. STATE 134 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Randallstwon NO (X) 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST Andrew Jackson Patricia Martin 7. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS (YES, NO, OR UNKNOWN) 220-96-3149 Patricia Martin 8359 Church Lane CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DIVISION OF VITAL RECORDS, 201 W. PRESTON ST PART I DEATH WAS CAUSED BY Cranio-cerebral trauma IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF HEALTH AND ME ALTH AND ME lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19g. DATE OF OPERATION FORWARDED TO THE CHIEF ION PROPERTY PAGE 3 SHOULD BE USED THE STATE DEPARTMENT OF HE AND, 21201 PRIOR TO BURIAL 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? HEAD ONLY 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.4-MONTHS BAY UNDERLYING OR subject apprently fell from bldg. CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21 LOCATION construction site B.T. Taylor Construction Co. BaltimoreCo.Md. WHILE AT WORK PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH WITH THE STATE ( BALFWORE, MARCHAND, 21201 220. I certify that I took charge of the remains described ob CHEAD ONLY Inspection Inquiry ond in my opinion Accident X Suicide Homicide \_\_\_\_\_ Undetermined monner deoth resulted from: TITLE (SPECIFY) M.D. Assistant MEDICAL EXAMINER 4-13-86 SIGNATURE 111 Penn Street EXAMINER'S NAME Margarita A. Korell, M.D. (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial Md COUNTY 4/17/86 Randallstown King Memorial Park 07/84 BP 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAD 1256 REGISTRAR'S SIGNATURE **DHMH - 17** William C. March F/H West 4300 Wabash Avenue (VR A15 ME (5))



	1. DE	REGISTRAR A L	WIDDLE	LAST	REG. NO.  20 DATE OF DEATH MONTH DA	AY YEAR 2b. HOUR
poge 3	{ TYPI	E OR PRINT)	Buby Boy	JACOBS.	4 1	2 86 0250
4 moy	3. SE	X 4.	RACE 0	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 H
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orth. Po		IRTHPLACE (STATE OR FOREIGN 7b. COUNTRY)  MARYLAND	. CITIZEN OF WHAT COUNTR	MARRIED WEVER MARRIED	Baltimore City or County	Citer
rer deoth. within 72 i	- 10. C			SING HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATION	12b. KIND OF BUSINESS
by the filed will notified	4 1	Baltimire /	SI Agnes	HOSPITAL	(TYPE OF WORK FOR MOST OF WORKING LIFE)	INDUSTRY
24 hou filled in ould be	USU 13a	AL RESIDENCE (IF NU ) AL SUNTY	HER INSTITUTION, GIVE RESIDENCE BEF		13e.STREET ADDRESS / ZIP CODE	, 21207
pletely and 2 sh	[4 F/	ATHER'S NAME FIRST MID	DDLE LAST	15. MOTHER'S MAIDEN NA	AME MIDDLE	LAST
physicion and com popers. Pages to provol.		WAS DECEASED EVER IN U.S. ARME YES. NO OR UNKNOWN) (IF YES, GIVE W		CURITY NO. 17 INFORMANT	ADDRESS	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
0 + 500				11: VINCUAN, TIME		
requires that the deater signed by the atter.  Then please remove a crot burral, cremation, y injury, or other troum	NOIT		DUE TO, OR AS A CONSEC (c) POSSA NOITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE TER/		
on.  hos been signed by the tremmer prior to build. Cremo ows ony injury, or other tremmer.	RTIFICATION	gove rise to immediate couse iot, stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT COI	DUE TO, OR AS A CONSEC (c) DOSEN NOITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE TER	200 AUTOPSY? 200 IF YES VES VOICE YES YES	WERE FINDINGS USED ING CAUSES OF DEATH?
N: The low requires that the yysicion.  cote has been signed by the rossit permit. Then please remuthlygiene priot to buriol, crema Hygiene priot to buriol, crema 18 shows any injury, or other tr	ICAL CERTIFICATION	gove rise to immediate couse 10), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT COL  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	DUE TO, OR AS A CONSEC (c) POSSON NDITIONS CONTRIBUTING T 19b. CONDITION FOR WHILE 21b. TIME OF INJURY HOUR A.M. MONTH P.M.	O DEATH BUT NOT RELATED TO THE TERM CH OPERATION WAS PERFORMED  DAY YEAR 19	MINAL DISEASE OR CONDITION GIVE  200 AUTOPSY?  200 IF YES, IN CERTIFY	WERE FINDINGS USED ING CAUSES OF DEATH?
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OR ATTENDING PHYSICIAN: The low requires that the shopped or ottending physician.  SIRECTOR: After this certificate has been signed by the ched for use as the buriol-transit permit. Then please buriol-transit permit. Then please per or to buriol, creemonept, of Health and Mental Hygiene prior to buriol, creemonept is marked or Item 18 shownyinjury, or other transmitted.		gove rise to immediate couse 101, stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT COI  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE AT WORK AT WORK  22a.1 certify that (I) (this hospital sow the deceosed alive on obove, (I) (we) (did) (did not) version of the county of the cou	DUE TO, OR AS A CONSECTION OF THE PROPERTY OF	DUENCE OF CLAVE ON O DEATH BUT NOT RELATED TO THE TER/ CH OPERATION WAS PERFORMED  DAY YEAR  19 211. LOCATION STREET  DEGREE  ATTENDING PHYSICIAN	200 AUTOPSY?  200 IF YES IN CERTIFY YES NO YES  RRED (ENTER NATURE OF INJURY IN ITEM 18 PAR  CITY OR TOWN	WERE FINDINGS USED (ING CAUSES OF DEATH?)  RELEGATION PART 2)  COUNTY STATE  9
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STATE OF MAKTLAND

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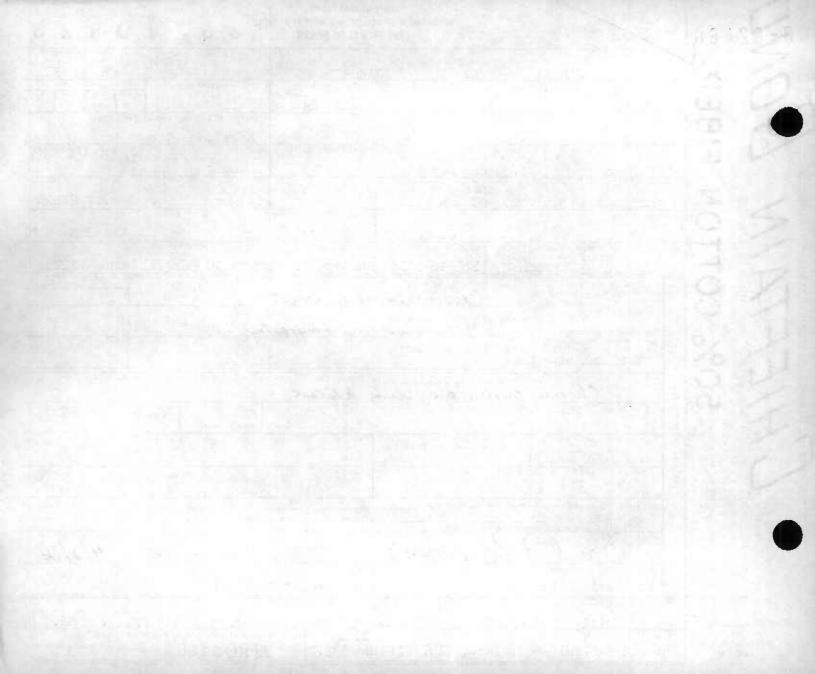
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1	STATE				CERTIF	ICATE OF DEAT	TH.	B G REG. NO	0.	0 8	2	5
	CEASED NAME	FIRST	ZHERT!	MIDDLE	· ·	AST		20. DATE OF DEATH	MONTH	DAY YEAR	2b HOU	R
		JAMES		E.	J	ACOBS			4 1	86	8:3	7A M
1. SE	X		4 RACE		5. DATE C		YEAR 6	AGE (IN YEARS LAST BIR	THDAY)	MONTHS DAYS	IF UNDER	24 HRS
	Male		Whi	te	11			61	YRS.			
	RTHPLACE (STATE OR	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MADDIE	D NEVER MARR	RIED 9	BALTIMORE CITY O	R COUNT	Y OF DEATH		
	Ohio		USA		WIDOWE		CED 🔀	Baltimore	City	J.		MD.
10 C	TY OR TOWN OF DE.	ATH	11. NAME OF	HOSPITAL, NURSIN		ROTHER INSTITUT		12g. USUAL OCCUPATI	ON	12b. KIND (		SSOR
B	altimore			nes Hospi				Welder	PWORKINGLI	INDUSTRY		
USU	AL RESIDENCE (IF NUR	SING HOME OR	OTHER INSTITUTION.	GIVE RESIDENCE BEFORE	ADMISSION)	A 131 IN ICIDE CITY II	uuren la	A CIDET ADDRESS	/ 7In COD	-		
150.	Maryland	100	imore	Catonsvi		YES NO	IMII 5?	10 Merrill	Rd.	. Apt.D	. 212	28
14 FA	THER'S NAME			Caccinova		15. MOTHER'S MAI		E	1			
/	James		WIDDLE	Jacob	05	Mary	7	WIDDLE		UNKN	NWC	1
16a V	VAS DECEASED EVER	IN U.S. AR	MED FORCES?	16b. SOCIAL SECU		17. INFORMANT		ADDRE	SS	OLIZA	57.12.	
	YES, NO OR UNKNOWN)		e war or dates)	301-16-9	236	Barbara .	T Par	ker, 10 Me	rrill	Road.	2122	8
				line far (a), (b), and		parbara c	o. Iui	ixely to the			(IMATE INTER	
	PART I. DEATH V	VAS CAUSE	D BY:	13 1		man. 01	rent			BETWEEN	ONSET AND	DEATH
		IMMEDIAT	E CAUSE (a)	Cardiop		ray a	4031					
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	Canditians, it any gave rise to im	mediate	(b)	4>014	mice	Cecreto VII	40 141	7				
	cause (a), statu underlying cause		DUE TO, OI	R AS A CONSEQUE	NCE OF							
100	DART 2 OTHER SIG	NUE IC ANIT C	(5)	ON TRIBUTING TO	DEATH BUT	NOT BELATED TO T	THE TERMAN	NAL DISEASE OR CON	DITION CI	VENT (NI DADT I		
z	PART 2. OTHER SIG	hrone		ruitive	LAIN	a distas		VAL DISEASE OR CON	DITION GI	VEN IN PART I	d	
CERTIFICATION	90 DATE OF OPERA		0 12 0 0		OPERATIO	N WAS PERFORMED		20g AUTOPSY?		S, WERE FINDI		
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	OR CONTRIBUTING		NI II	M. MONTH DA		144						
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						nd that in (my) (aur)		eath accurred an the de	ate and ha		that (1) (v	
	abave, (I) (we) ( 22b. SIGNATURE	did) (did na	t) view the body	after death.		DEGREE					SIGNED	
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13	Dr. David					Universi	itu Ho	ocni+ol				
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	BURIAL, CREMATION,					EMETERY OR CREM		23d LOCATION CITY OR TOWN		COUNTY	5	TATE
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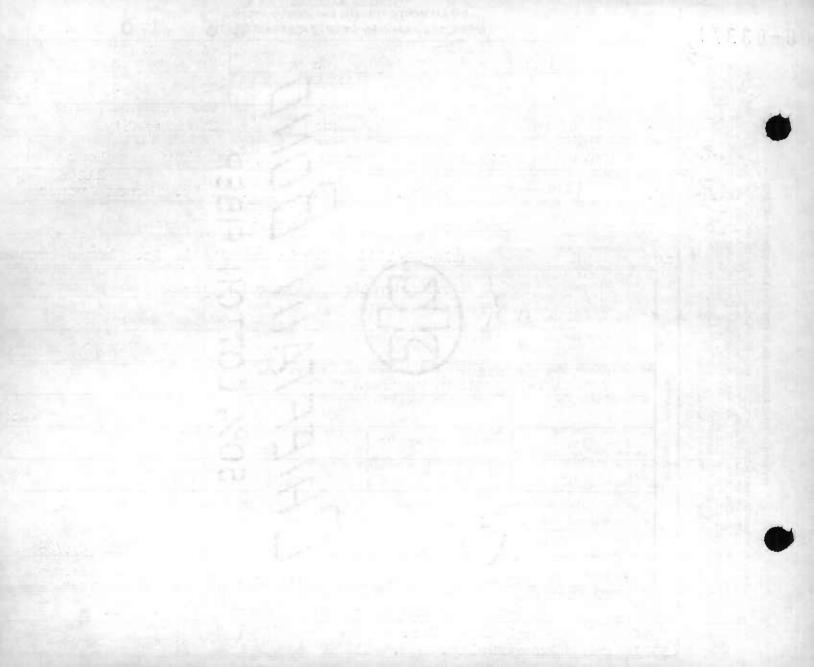
DHMH - 16 60M 7/84 (VRA 15, 4)



	1		STATE OF MARYLAND
	1	FOR - STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE
16	1	REGISTRAR	CERTIFICATE OF DEATH 8 REC. NO. 1 0 8 2 4
		CEASED NAME FIRST	MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 26 HOUR P
		JAMES	L. JACQUITTE JR. APRIL 8, 1986 1:35 "
	3.55		4 RACE S. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
/	15	TALS	WONTH DAY YEAR TO TE WONTHS DAYS HOURS MIN.
		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 79 BALTIMORE CITY OR COUNTY OF DEATH
15	3	ARYLAND	U.S.A WIDOWED DINORED BALTIMORS CITY MD
	10 0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  120. WIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
14	B	ALTIMORE	Union MEMORIAL HOSPITAL BARTEDER
20	USU	AL RESIDENCE (IF NURSING HOME COSTATE 136, COU	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
50	1	ARYLAND -	YES NO 1 3145 WOOD RING AVE.
	114. F	ATHER'S NAME	15. MOTHER'S MAIDEN NAME
	1	James L	MIDDLE JACQUISTIS SR. TRS OS MIDDLE MEDICALE
		WAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS GIVE WAR OR DATES!
medico		YES, NO ON UNKNOWN) (IF YES, G	216 05 4919 FAMILY RECORDS
event, the		18 CAUSE OF DEATH (Enter of	only one couse per line for (a), (b), and (c)  SED BY:  CO VESTIGATE  APPROXIMATE INTERVAL  BETWEEN ONSET AND DEATH
			ATE CAUSE (0) metastatic colorectal Carcinoma
		in the second	DUE TO, OR AS A CONSEQUENCE OF
E .		Conditions, if any, which	(b)
orner troumonic		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUENCE OF
a o		underlying cause last	(c)
Jury, or	-	PART 2 OTHER SIGNIFICANT	T CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
2	CERTIFICATION		
60 64	CA	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
4	I E		YES NO YES NO
10		210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DE	LIGHT AND MONTH AND MENT
7	CAI	(IF EITHER, NOTIFY MEDICAL EXAMINE	19 P.M. 19
- 1	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)  211 LOCATION STREET CITY OR TOWN COUNTY STATE
	-	MHILE NOT WHILE AT WORK	
		22a ) certify that (1) (this hasp	pital) ottanded the deceased from 1986, that (1) (we) lost on Art 1986, and that in (my) (aur) apinion death occurred an the date and hour and from the causes stated
		saw the deceased alive a	on Afri 19 3 . ond that in (my) (aur) apinion death accurred an the date and hour and fram the causes stated not) view the body after death.
	13	The SIGNATURE	DEGREE 22c. DATE SIGNED
		ILE POOR	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN APRIL 198
1		22E PHYSICIAN SPRAME LIVE	22e ADDRESS
T AN		UR. ERICK.	ROWINSKY M.D. 1600 NORTH WOLFE STREET-BALTO.
_	23a	BURIAL, CREMATION, REMOVA	AL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY OF STATE
		SURIAL	APRILLIPSE MORELAND MEM PARK PARKVILLE BOLTO MARLAN
7/84	24 F	UNERAL DIRECTOR	ROGO 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE
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		EASED NAME	FIRST	7412	MIDDLE	EXAMIII	IEK 3 C	LAST			REGING		DAY	YEAR	2b. HOUR
35 00 35		OR PRINT)	Marga	arot				James		OF DEATH	E311.	7		19 86	10.1100K
	3. SEX	[4	RACE	S. DATE OF BIRTH		6. AGE (IN YE	ARS IF UN		24 HRS. 20			4 MONTH	DAY	YEAR	2d. HOUR
100	Fe	male	Cauc.	6-7-19	06 YEAR	79 YI	RS. MONTH			DEAD	CED	4	8	19 86	3:38P
5	7a B⊪ Md	RTHPLACE (STA	TE OR	76 CITIZEN OF W	USA	TRY?	8. MARRII WIDOW	ENEVER MARRI	ED		ore city of	_		DEATH	MD.
0	10 CI	YORTOWNO Balt:	imore	11. NAME OF HO	SPITAL, NU ACILITY, GIVES Th	RSING HOME TREET ADDRESS)	Aver		HOM	occup est of work	ATION (TYPE KING LIFE)	E OF WORK	HOT	ND OF BUILDING THE	SINESS
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)	14. FA	THER'S NAME	700	MIDDLE Cm a 1		LAST		15. MOTHER'S MAIDE FIRST Marth		D.	edman	- 5		LAST	
	16g W	Unknow AS DECEASED	EVER IN U.S. ARA	Smal		I CIAL SECURIT	Y NO.	17. INFORMANT	a	1/6	ADDRESS		2	1206	
	no	S, NO, OR UNKNOW	(IF YES, GIVE Y			-22-73		Edwin J	ames	441			noma	as A	venue
		18 CAUSE OF	DEATH (Enter onl	y one cause per lin				cardiovaso		7.			BET	PPROXIMATE WEEN ONSET	INTERVAL AND DEATH
	NOI	couse (a) s  lying couse  PART 2 OTHER SIGN  Co	nificant conditions of achexia,	(c) CONTRIBUTING TO DEATH dehydrat	BUT NOT RELA	carcin	AINAL DISEASE	or condition given in par of facial s							
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1	Ü		G CAUSE OF D			19									
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AFTER DEATH, WITH THE STATE DEPARTMENT OF HEAL BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CI		21d. INJURY OF WHILE AT WORK  22a. I certify death resulted ACTUAL SIGNATURE EXAMINER'S NOTIFIED TO REIN TO THE PERSON OF THE PE	CURRED  NOT WHILE AT WORK  that I took charge I from: Nature  IAME T) Gree	21e PLACE STREET, FAI e of the remains de ol couses	OF INJURY ETORY, FARM, E  Accident	ove, held an Su	Autops	y . Inspection Homicide TITLE (SPECIFY) ASSISTANT	Undetern  MEDIC	Inquiry mined mo	onner	DATE SIGN	ipinion		
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23a. BURIAL CREMATION, REMOVAL

2b HOUR

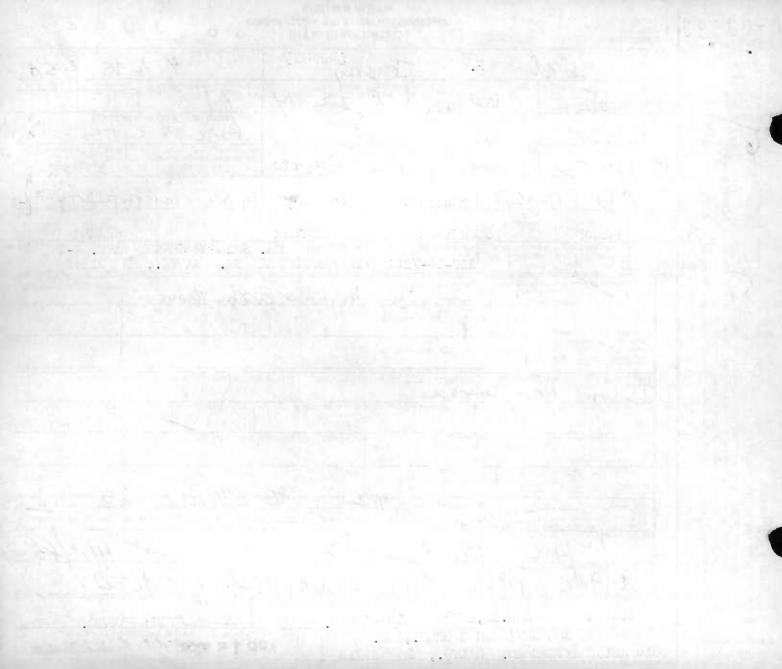
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STATE

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0-04386	1.	FOR STATE REGISTRAR	DEI	CERTIFICATE OF	DEATH	8 O REG. NO	) 0	8	21
e 6.4		CEASED NAME FIRST	MIDDLE	LAST C	2a.		MONTH DAY		2b. HOUR
oge 3		Corri		Jennings			4 17	86	1:05
3	3. SE	F	A RACE B	5. DATE OF BIRTH	97	GE (IN YEARS LAST BIRT	YRS.		HOURS MIN.
eath. P		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUR USA	MARRIED L NEVER	MARRIED . 9. E	Ba /		DEATH	MD
the fu	10 C	Baltimore	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE SING!	URSING HOME OR OTHER INS	STITUTION 12a	USUAL OCCUPATE PE OF WORK FOR MOST OF DOMESTIC		26. KIND OF NDUSTRY	BUSINESS OR
( An )	USU 13a.	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE ITY 136. CITY OF	BEFORE ADMISSION)	CITY LIMITS? 13e	STREET ADDRESS	ZIP CODE /VI	e 2	1218
	14. F/	ATHER'S NAME	MIDDLE LA		'S MAIDEN NAME	MIDDLE		LAST	
omple complete	PE	YTON		EAY MA				RANDO	OI PH
-	16a \	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166. SOCIAL	SECURITY NO. 17 INFORM.		ADDRE			
S. Page		NO	215-	12-3677 VIOLET	J. WALST	ON 2525 C	ECIL AVI		
, that the death certificate d by the attending physici lease remave carbanpaper ial, cremation, ar remaval. or ather traumatic event, th		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE)  IMMEDIAT  Conditions, if ony, which gove rise to immediate cause (a), storing the underlying cause lost.		rdio Pulmona SEOUENCE OF Stage		es T Failur	1	BETWEENO	MATE INTERVAL INSET AND DEATH
w requires been signe mit. Then p oriar to bu any injury,	CERTIFICATION	PART 2. OTHER SIGNIFICANT C		G TO DEATH BUT NOT RELATE	ORMED	L DISEASE OR CONE	20b. IF YES, WE	RE FINDING CAUSES	
Fig 5 sig 6	GERT	210. ACCIDENT WAS UNDERLYING		21c HOW II		(ENTER NATURE OF INJUR		4	140
		OR CONTRIBUTING CAUSE OF DEA		H DAY YEAR					
PHY tending the bund W	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, C	21f LOCATI		CITY OR FOY	WN	COUNTY	STATE
VDING ar at ter at use as t lealth o		22a I certify that (I) (this haspit		from		to		. 1	hat (I) (we) last
R ATTEI haspita IRECTOI hed far ept. af b		sow the deceased alive on above [1] (we) prid [did no	l view the body apply feath.	, and that in (my	) (our) opinion deat	h occurred on the do	te and hour and	d from the c	ouses stated
0 8 0 90 ±		774 SIGNATURE Suge 6	J. June	my MID	PHYSICIAN D	AEDICAL STAF	F . /	22c DATE S	7/F6
TO HOSPITAL retained by the TO FUNERAL should be det with the State IMPORTANT:		Jorge F.	Governer	22e. ADDRE	Sinai.	Hospital			
D in E 42 3 ₹	23a.	BURIAL, CREMATION, REMOVAL		23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION	10	UNTY	STATE
BP		BURIAL	4-23-86	BALTIMORE		BALTI	MORE	MAF	RYLAND
DHMH - 16 50M 4/83		UNERAL DIRECTOR	, ADI	PRESS		C'D. BY REGISTRAR			
(VRA 15, 4)		WM.C.MARCH F/	'H INC. 110	L E.NORTH AV	E. APR	42 1966 k	Julia Deer	don-14	Maria



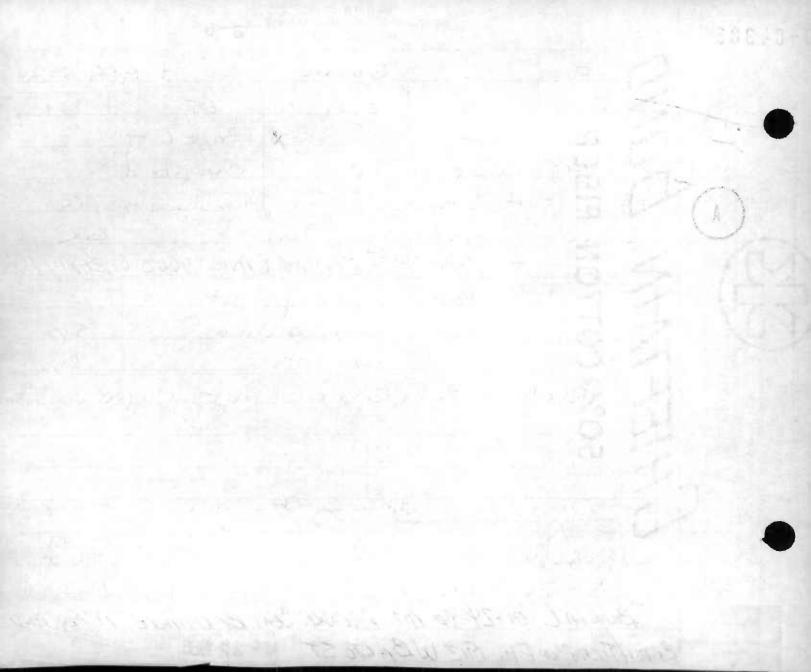
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, , , , , ,		REGISTRAR	CERTIFICATE OF DEATH O REG. NO.	
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may bi	3. SE			NDER 1 YEAR IF UNDER 24 HRS
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V Trans	10.5	IY OR TOWN OF DEATH	17. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION	126. KIND OF BUSINESS OR
- # to #	1/2	PAITO MD	SINGLITY, GIVE STREET ADDITIONS)  AF NOT IN SUCH FACILITY, GIVE STREET ADDITIONS)  HOUSEWIFE  HOUSEWIFE	AT HOME
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9 2 19 86	13a. S	TATE 35.92U	NTYLTY BALTIMORE 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 7ZIP CODP	the Drapt of 1
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dea dea nave nave traum		Conditions, if any, which gave rise to immediate	(b) £	
by the bar the last remains a second or the l		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF	(0)
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w req w red w red vrior t	NT OF	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, W	/ERE FINDINGS USED
DIVISION OF VITAL RECORDS, 201 W. PRESTON ING PHYSICIAN. The law requires that the death at ratending physician. When signed by the attending st the burial-transit permit. Then please remove carb th and Mental Hygiene prior to burial, cremation, or arked at them 18 staws any injury, or ather traumatic	CERTIFICATION	THE DATE OF CLEANION	IN CERTIFYIN	IG CAUSES OF DEATH?
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DHMH - 16 50M 4/83		INERAL DIRECTOR SOL	LLVINSON G DROS., INC.	'S SIGNATURE
(VRA 15, 4)	60	TO REISTERSTOW	N RD. BALTO., MD 21215 APR 1 5 1986	CAMPEN-Harles



STATE OF MARYLAND

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L. L.				STATE OF MARYLAND		- 0 2 1
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nay be page 3 er death	(TYPE	OR PRINT)		Johnson	4 1	200 100
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7 95		-	R	MONTH DAY YEAR	1	MONTHS DAYS HOURS M
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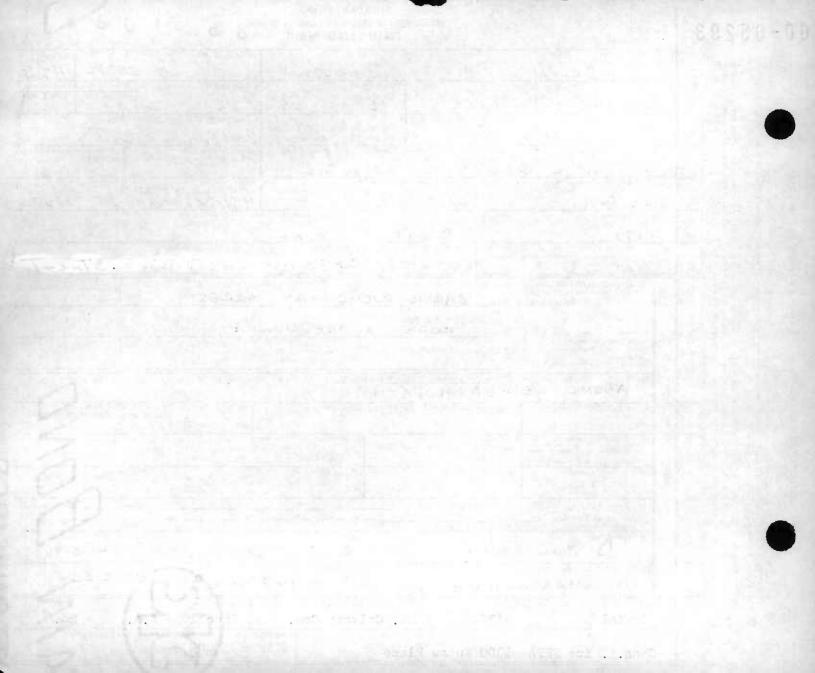
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AL RECC	hos be t permit iene priid	CERTIFICATION	190 DATE OF OPERATI	ON	1%, CONDITION FOR W	/HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES □ NO #	20b. IF YES, WER IN CERTIFYING YES [	E FINDINGS USED CAUSES OF DEATH? NO [	
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir	certificate priorical from 18 sh	MEDICAL CER	21a. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICA	AUSE OF DEATH AL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTE P.M.	H DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM IS PART I OF	PARI 2}	
IVISIOI	ottendii tter this ss the bu h ond M	MED	21d. INJURY OCCURRE WHILE NOT WHIL AT WORK AT WORK	E 🗆	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, O	OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOW	N CC	DUNTY STATE	
OR ATTENDIN	DIRECTOR. All or		sow the deceosed obove, (I) (we) (di 22b. SIGNALURE	d olive on d) (did not) vi	ottended the deceased fi	_19, or	., 19		2	2c. DATE SIGNED	
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DHMH - 16 50M 4/B3 (VRA 15, 4)

24. FUNERAL DIRECTOR

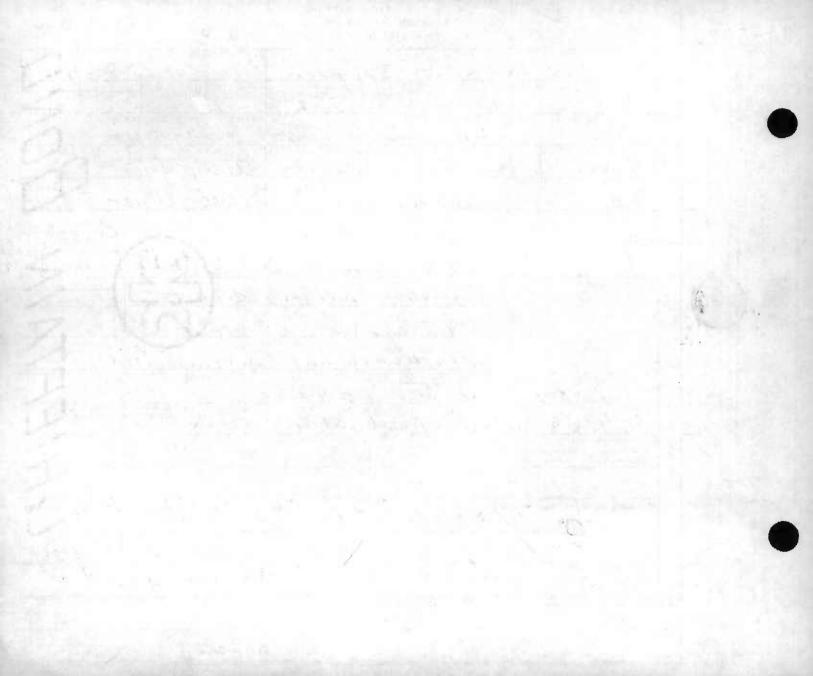
Chas.A.Rice FSPA 1300 Eutaw Place

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE MAY 1986



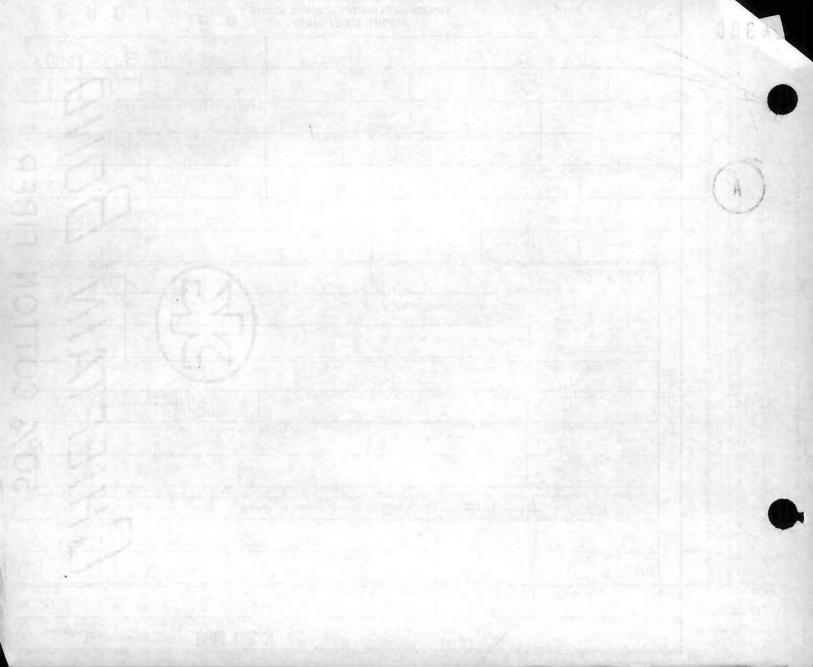
- A-				STATE OF MAKILAND		m -7 53
04575	1.	FOR STATE REGISTRAR	DEP	PARTMENT OF HEALTH AND MEN CERTIFICATE OF DEA		0834
		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
7 T	(1Ab)	ORPRINT) HERB	ERT	JOHNSON	APRIL 20, 1986	6:30 A
Ď	2. SE	X	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
200		Mars	Cah	MONTH DAY	YEAR KO	MONTHS DAYS HOURS MIN.
125	7± B	RTHPLACE ASSAULTE OF FOREIGN		17 - 28 - X	YRS	TY OF DEATH
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ST.	13a,				LIMITS? 113E STREET ADDRESS	
9	1	ARYLA40	BALT		1310 N. CARE	ST DIZIA
9	16.F	ITHER'S NAME	MIDDLE		AIDEN NAME	
IX.	1	YERBERT Y	1	EINI	COB NOHNSAN	/ LAST
9 /	16a \			SECURITY NO. 17 INFORMANT	ADDRESS	21217
2/	100	YES, NOOR UNKNOWN) (IF YES, 6	WE WAR OR DATES! 270	24 OUNT Mar MA	0011 11 12 12 12	WAL COLLEGE
4	F	10 CALISE OF BEATH . Season	110	ATTTTTILS INF	KA T' HOMM SOM 13	
Ĺ				DON MONAPY 1	DPEST	BFTWEEN ONSET AND DEATH
TO FUNERAL DIRECTOR: After this certificate has been upped by the attention of complete filled in a city named as inector, page 1 countries of the second of		IMMEDIA	TE CAUSE (a)	MANUAL A	ENEST	CERO
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16-14			(b) KAPIDLI	LKOCKESSING LATIL	IONARY INFILIRATES	SIX DAYS
學芸		cause (a), stating the	DUE TO, OR AS A CONS	SEQUENCE OF		GREATER THAN
廷						SIX DAYS
F.F.	-	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	G TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE OR CONDITION OF	IVEN IN PART 11a.
	2	MYELODYSPLASI	A. CHRONIC STE	ROID USE THROM	BOCY TOPENIA	
1	13	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION WAS PERFORME		ES, WERE FINDINGS USED
-	E		The same of the same		- W -	
0	8			21c. HOW INJUR	Y OCCURRED (ENTER NATURE OF INJURY IN ITEM IS	PART I OR PART 2)
7	1		nin i			
1	OH OH	21d INJURY OCCURRED	21e. PLACE OF INJURY	21f. LOCATION		
	M	NOT WHILE	(AT HOME, STREET, FACTORY, O	FFICE FARM, ETC ) STREET	CITY OR TOWN	COUNTY STATE
			oital) attended the deceased 6	ram APRIL 14 1	o Se in HORN 20	10 No 11 11 11
		saw the deceased alive or	APRIL 20	6/		, 17 (17 (WE) 1031
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£		The State of the	1-1		NOING MEDICAL STAFF	221. DATE SIGNED
-		224 DHYSTCIANIS NIAME	· Marca	PHYS	SICIAN DIRECTOR PHYSICIAN	14/20/86
1		TIO. PHITSICIAN'S NAME (TYPE)	C	1	N WOLFE ST BALTO	MD 21205
8		John G.	20105	Johns	Hopkins Hospital	, FID. 21203
	230 E	urial, cremation, removal	236 DATE	23c. NAME OF CEMETERY OR CREM	MATORY 23d LOCATION	
		BURIAL	4-25-86	GARRISON FOORG	TVA BALTO, C	COUNTY
The BRITHMARKE (STATE ORIGINAL)  THE CHIVEN GROWN OF DEATH  THE CHIVE GROWN OF THE REAL CHIVE GROWN OF THE CHIVE GROWN OF THE CHIVE GROWN  THE CHIVE GROWN OF THE CHIVE				FIRANS SIGNATURE M		
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and bed by please or				(c)CONDITIONS CONTRIBUTING TO	DEATH BUIL	NOT BELATED TO THE TERM	AINIAI DISEASE /	OR CONDITION (	DIVENTINI DART 1	1-1
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State of the state		_	22b. SIGNATURE	It mai	2 44 0	DEGREE ATTENDING _	_ MEDICAL	STAFF _	22c. DAT	SIGNED
TAI by the	-0	1	22d PHYSICIAN'S NAME (TYPE	OR PRINT)	Jum, I	PHYSICIAN [	DIRECTOR	PHYSICIAN [	17	18 86
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25 223 2		(	URIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d. LOCATIO		T.TATCOUNTY	MD
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DHMH - 16 60M 7/	/B4		JNERAL DIRECTOR	ADDRESS	403/2	ADE		SISTRAR 256 REGI	STRAR'S SIGNA	ander
(VRA 15, 4)		W	M.C.MARCH F/	H INC. 1101 E	.NOR?	TH AVE. ATT	166130	DO THURST	CHINA GROWN .	1

STATE OF MAKTLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATHS REGISTRAR DECEASED NAME 20. DATE KNOWN 26 HOUR MONTH (TYPE OR PRINT) ESTI-OF VECESSARY, PLEASE UNERAL DIRECTOR. FOR YOUR FILES. WITHIN 72 HOURS PRESTON STREET, DEATH MATED John Johnson 19 86 6. AGE (IN YEARS IF UNDER 1 YR. 4 RACE S. DATE OF BIRTH IF UNDER 24 HRS DATE 2d HOUR MONTH YEAR 56 VDE PRONOUNCED 9:29P B 26 29 M 6 DEAD 1986 TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED DIVORCED FOREIGN COUNTRY)
MARYLAND MARRIED U.S.A. WIDOWED Baltimore City IO. CITY OR TOWN OF DEATH 11, NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 1726, KIND OF BUSINESS OR INDUSTRY LABORER (IFE) Johns Hopkins Hospital Baltimore SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY BALTIMORE 13d. INSIDE CITY LIMITS? 13. STREET ADDRESS DISON APT MARYLAND NO [ 14. FATHER'S NAME IS, MOTHER'S MAIDEN NAME MIDDLE MIDDLE MARTHS MARSHALL JOHN JOHNSON 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO T. PAGES I **ADDRESS** 220-14-4691 1301 ALICE LEWIS WIRTON ST. NO 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH "HIEF MEDICAL EXAMINER ALONG W USED AS A BURIAL - TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, D JRIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) CERTIFICATION 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD."P PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNEAL DIRECTOR, PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, YES [ NOXX 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 19 21e PLACE OF INJURY 21d INJURY OCCURRED (AT HOME 211 LOCATION STREET, FACTORY, FARM, ETC.1 STREET CITY OR TOWN COUNTY STATE WHILE AT WORK NOT WHILE AT WORK X 220. I certify that I took charge of the remains described above, held on Autopsy Inspection Inquiry and in my opinion death resulted for Notural couses Homicide Undetermined manner TITLE (SPECIFY) ACTUAL Assistant DATE 4/2/86 SIGNATURE EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St. Balto.MD. (TYPE OR PRINT) ADDRESS 23a BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY BURIAL 4-7-86 BALTIMORE MARYLAND BALTIMORE 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH - 17** WM.C.MARCH F/H INC. 1101 E.NORTH AVE. (VR A15 ME (5))

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932	1	FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL HY ICATE OF DEATH	8 6		0 8	5 6
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othe		underlying cause		DUE TO, O	r as a conseol	IENCE OF					
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7	CERTIFICATION	190. DATE OF OPERATION	ON				N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V	WERE FINDINGS	USED
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7		224 PHYSICIAN'S NA	ME (TYPE OR P	PRINT)	0-1		22e ADDRESS	A	2		. 00
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		BURIAL, CREMATION, R (SPECIFY) Buria		23b. DATE 4/12			emetery or crematory	23d LOCATION CITY OR TOWN	170 1	COUNTY	STATE
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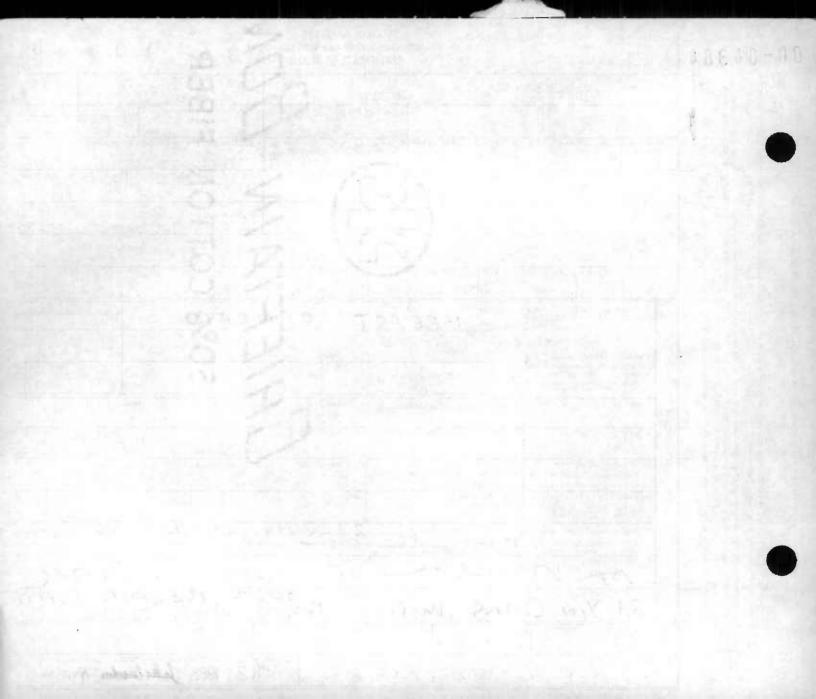
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STATE OF MARYLAND

-04384	1	STATE REGISTRAN			STATE OF MARY ENT OF HEALTH AND CERTIFICATE OF	MENTAL HYGI	8 C REG. NO		8	3 8
# 25 /		CEASED NAME FIRST FOR PRINT)  Victoria	MIDOLE	J	ohnson	120	20 DATE OF DEATH  April 10	MONTH DAY		26 HOUR
you poor	3. SE		4 RACE		5. DATE OF BIRTH	100	6 AGE (IN YEARS LAST BIRT		DER I YEAR	IF UNDER 24 HRS
actor 4		Female	Black		5 29 DAY	47	38	YRS	DA15	HOURS MIN.
and the second of the second o	76 B	COUNTRY)  MD	76 CITIZEN OF WHAT C		MARRIED NEVER	MARRIED .	Baltimore city o	_	EATH	MD
19 4		Baltimore	11. NAME OF HOSPITA (IENOT IN SUCH FACILITY Luthera	GIVE STREET AO	HOME OR OTHER IN	STITUTION	126 USUAL OCCUPATION (TYPE OF WORK NOW)	ON 12t	DUSTRY	BUSINESS OR
24 for	USU 13a	AL RÉSIDÈNCE (IF NURSING HOME OI STATE MD 13b COUI	NTY 13c CIT	DENCE BEFORE ACTIONN Itimo	13d. INSIDE	CITY LIMITS?	13e.STREET ADDRESS /		St.	2121
mpletely ond 2 sh	14. F	ATHER'S NAME Frederick	M. G	ross,		r's maiden nam Pirst Doris		VETE 1	ayes	
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SICIAN: The lo ng physicion. certificate has riol-transit per ental Hygiene ttem 18 shaws.		710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MO		YEAR	NJURY OCCURR	ED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART 1 O	R PART 2)	
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ATTENDIR spital or CTOR: At far use af Healt		22a.1 certify that (1) (this hosp sow the deceased alive or above, (1) (we) (did) (did no	4-16-	19 67	ond that in (my	19 /84 () (opinion d	eoth occurred on the do	ite and hour ond	from the co	not (I) ( <del>we)</del> last ouses stated
by the hosp by the hosp ERAL DIREC: e detached f State Dept.	1	22b. SIGNATURE	mia	^	- DEGREE	ATTENDING PHYSICIAN	MEDICAL STAP	F	4-17	IGNED 1
TO HOSPITAL retained by the TO FUNERAL should be det with the State		BA YIN	DUNG	, m. 1	22e ADDRE	BACTE	3.2 mg	FLA11 212	36	aut
BP	E	Burial, Cremation, Removal (SPECIFY)	23h DATE 4/22/86		ME OF CEMETERY OF	TERY	23d LOCATION CITY OF TOWN BALTIMO			MD
OHMH - 16 60M 7/84 (VRA 15, 4)		m. March 1	F/H 1101	E. NO	orth Ave.	AP AP	R 2 1 1986	INA CAME	SIGNATU	ndelse.



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			STATE OF MARYLAND		
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10-04801	REGISTRAR		CERTIFICATE OF DEATH	REG. NO	).
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الإلا و الله	3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTI	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
red within 24 hours after death. Page 4 may be smpletely filled in by the funeral director, page 3 and 2 should be filled within 72 hours after death examiner must be not fired at once.	Male	Black	9 18 23	40	YRS
Po Po Po	70. BIRTHPLACE (STATE OR FO	REIGN 78 CITIZEN OF WHAT COUNT	RY? 8 MARRIED NEVER MARRIED	BALTIMORE CITY OF	COUNTY OF DEATH
de control	MD	1434	WIDOWED DIVORCED	1 Baltin	nore city MD.
fied with	10 CITY OR TOWN OF DEAT	H 11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE S'	RSING HOME OR OTHER INSTITUTION TREET ADDRESS)	12a USUAL OCCUPATION	
10 s of 10 f	Bal + imor		ours Hospital	Custodian	Store
MARYLAND 2120 ted within 24 hours mpletely filled in by ond 2 should be fill exeminer must be in	USUAL RESIDENCE (IF NURSIN 130 STATE	G HOME OR OTHER INSTITUTION GIVE RESIDENCE B 3b. COUNTY 13c CITY OR 1	EFORE ADMISSION) TOWN 13d. INSIDERITY LIMITS	? 13e.STREET ADDRESS /	ZIP CODE 21:215
AND n 24	MD d	Balt	YES NO	3800	W-Belvederet
Marth Marth	14 FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN	NAME	LAST
AM bmpl cexe	Charles	Joi		I ne	Hawthorne
nd ges dico	160 WAS DECEASED EVER IN (YES, NO OR UNKNOWN)	U.S. ARMED FORCES? 166 SOCIAL S (IF YES GIVE WAR OR DATES)		4139 Pa	rk Heights Avenue
TIMC	Yes	-1954 212	269591 Charles J	ones Baltimo	re, Maryland 21215
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, ING PHYSICIAN: The low requires that the death certificate be executed the retrificate has been signed by the attending physician and dos the burial-transit permit. Then please remove carbonappers. Pages that and Mental Hygiene prior to burial, cremation, or removal. orked at Item 18 shows any injury, or other troumatic event, the medical and according to the medical or the medical and the statement of the medical or the medical and the medical and the statement or the medical and the medical and the statement of the statem	18 CAUSE OF DEATH	(Enter anly ane cause per line (a), (b) S CAUSED BY:	sandic O	1000 a. O.	BETWEEN ONDEY AND DEATH
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dec dec ofter	Conditions, if any,		SWD		
N. P	cause (a), stating underlying cause		EQUENCE OF	eral A.	0.1-4
or or or or or		(c) VV	a viage M	vax Dis	ease
os, 2	PART 2. OTHER SIGNI	CANTEO DITIONS CONTRIBUTING	TO DEATH BUT NO RELATED TO THE T	ERMINAL DISEASE OR COND	ITION GIVEN IN PART 11a
V rec	V IN DATE OF OPERATE	IN TISE CONDITION FOR WE	HICH OPERATION WAS PERFORMED	20g AUTOPSY?	20b. IF YES, WERE FINDINGS USED
REC	F				IN CERTIFYING CAUSES OF DEATH?
N: The hysicio icote Pronsit Hygie 18 sho	210. ACCIDENT WAS UNDE		21c HOW INJURY OCC	YES NO URRED (ENTER NATURE OF INJUR	
SION OF VI			DAY YEAR		
ON OF  HYSICIA ding pl ins certifi buriol-th Mental or Item	OR CONTRIBUTING CA	D 21e. PLACE OF INJURY	211 LOCATION		
VISION STEEN THE	WHILE NOT WHILE	E [] (AT HOME, STREET, FACTORY, OFF	FICE, FARM ETC.) STREET	CITY OK 104	CONTRACT STATE
DING or att or att se os th		his haspital) attended he deceased fro	om 2 4 14 19 8	St 10 4/1	that (I) (we) last
R ATTEN hospitol IRECTOR hed for u ept. of He	saw the deceased	11 1 - 1 /	VIII	ian death accurred on the da	te and hour and fram the couses stated
IREC Hed hed ept.	224 SIGNATURE	Traid not view mid blay direr dediti.	DEGREE		The DATE SIGNED
AL D the Dietoc	1 X	1 Dar	ATTENDING PHYSICIAN	MEDICAL STAF	
SPIT.	274 PHYSICIAN'S NAM	alkania Selahan	22e ADDRESS	101	
TO HOSPITAL TO FUNERAL should be deto with the Stote		HAN A. BELI	RAN 1940 N	1. BALTIMOR	E 81 BALTO M&
0 to 5 to 3 ₹	23a BURIAL, CREMATION, R	EMOVAL 23b. DATE	23c NAME OF CEMETERY OR CREMATO	RY 23d LOCATION	1 2/223
BP	(SPECIFY) Cremati		Security Process Cr		Baltimore, Maryland
DHMH - 16 60M 7/84	24 FUNERAL DERECTOR SC	ons Funeral Home,	nc. 25a.	DATE REC'D. BY REGISTRAR	Sb. REGISTRAR'S SIGNATURE
(VRA 15, 4)		alls Pkwv. Baltimo		PR 2 5 1986	the sterident the



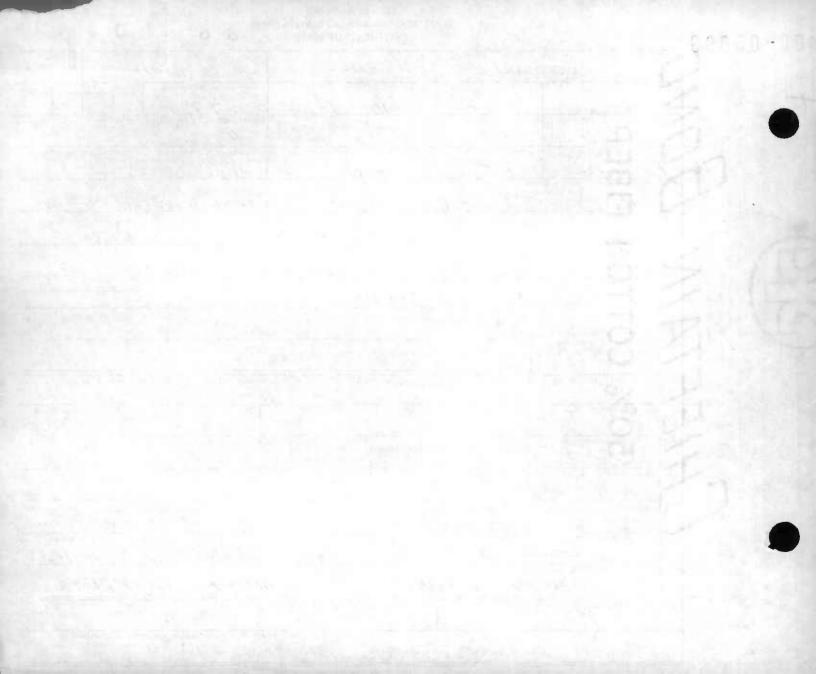
0 0	moy be	poge 3	93
	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 may be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 CN should be detached for use as the burial-transit permit. Then please remove carbon pages 1 and 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Hem 21 is marked or Item 18 shows ony injury, or other troumotic event, the medical examiner must be worthed of order

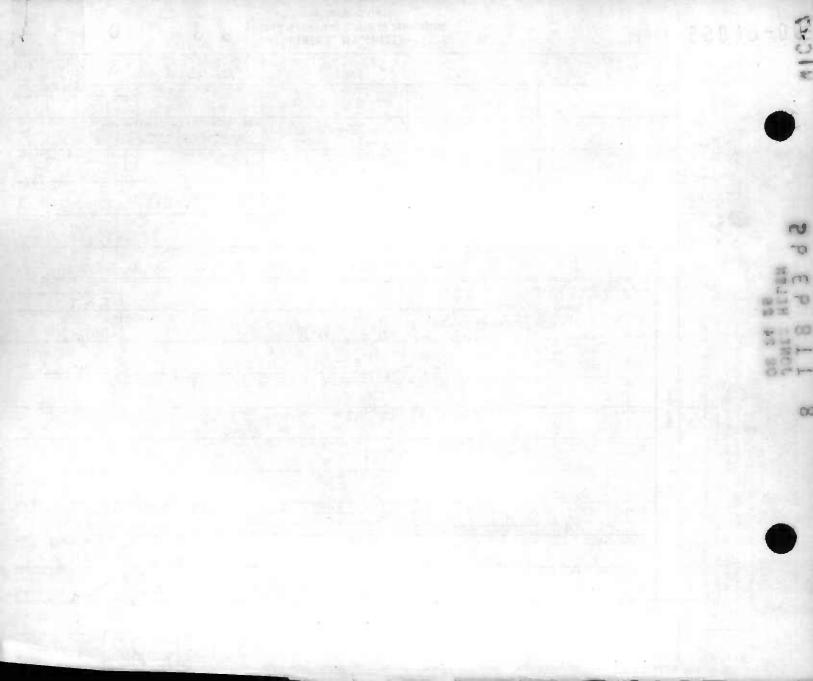
BP.

DHMH - 16 60M 7/B4 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

b	1	FOR STATE REGISTRAR	EVELLY JONES 4 14 14 6  ERACE S. DATE OF BIRTH DAY YEAR OF CHITZEN OF WHAT COUNTRY?  BACK JONES AND STREET FACTORY OF BALTIMORE CITY OF COUNTY OF STREET FACTORY OF STREET FAC	1 0	8	4 1						
		CEASED NAME	FIRST	A	AIDDLE			20. DATE OF DEATH	MONTH DAY	YEAR 2b	HOUR	
	(TYPE	OR PRINT)	EVEL	41		J	<i>ones</i>	4	124/80		7.30	M.
	3 SE)	(	4.	RACE				6 AGE (IN YEARS LAST BIRT			UNDER 24 HE	
	3	Frunt	_	Blow	H	MONTH		77	MONTHS	DATS H	OURS MI	4.
10	70 BI	RIHPLACE (STATE OR F	OREIGN 7b	CITIZEN OF	WHAT COUNTRY?	8		9 BALTIMORE CITY O		EATH		-
	(	COUNTRY) HA		1150	1			Ballin		it.		
,	10. CI	TY OR TOWN OF DEA	TH 11	NAME OF	HOSPITAL, NURSIN			120. USUAL OCCUPATION	ON 12b	KIND OF B		MD. OR
2	1	Battimore		Luth	eran	Ho	sp	1. 11	F WORKING LIFE) IN	DUSTRY		
F		HD HORSE			Hac CITY OR TOW			13e STREET ADDRESS	ZIP CODE	St.	212	16
	14 FA	THER'S NAME	4410	DIE	1457		15 MOTHER'S MAIDEN NAM					140
	1	neorae	MID	DIE	Doual	ac	Jennie.	WIDDLE	(1)	hito.		
	16a V	VAS DECE SED EVER			166 SOCIAL SECU	JRITY NO.	17 INFORMANT	ADDRE	SS	1110		
	()	(ES, NO OR UNKNOWN)	(IF YES, GIVE W	AR OR DATES)	190-20-	7618	Mayor Jo	no = 22	19 Kok	o Las	78	
		IR CAUSE OF DEATH	H (Enter only o	ne couse per			11110000	7763		APPROXIMA'	TE INTERVAL	lu lu
		PART I. DEATH W.	AS CAUSED B	Y.		SEPS	515			DET WEET ON S	ET AND DEAT	-
		p	IMMEDIATE									
	- 1	Conditions if any	which (	DUE TO, OF	R AS A CONSEQU	ENCE OF						
		gove rise to imm	nediote	(6)				-				_
					RAS A CONSEQU	ENCE OF						
	100	PART 2 OTHER SIGN	HEICANT COI		INTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	IN ALDISEASE OR CONI	DITION GIVEN IN	PART Ito		=
-	NO	3,35										
	ATI	190. DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WER			_
1	LIFIC							YES TO NOT	IN CERTIFYING YES		DEATH?	
1	ER	21a. ACCIDENT WAS UND	ERLYING				21c. HOW INJURY OCCURR		1			
1												
	Dic			21e PLACE	OF INJURY		21f LOCATION					_
	W	WHILE NOT WH	ILE	(AT HOME STR	EET FACTORY, OFFICE, I	FARM, ETC )	STREET	CITY OR TO	WN CC	YINUC	STATE	
				ottended the	e deceased from_		19	to	. 19	tho	it (I) (we) I	nst
		sow the decease	d alive on		19_							
		22b. SIGNATURE	C C	iew the body	orrer dearn.		DEGREE		2	2c. DATE SIC	GNED	
			Ledur	res 0	L. Cu	ns				4/24	182	
		22d. PHYSICIAN'S NA	ME (TYPE OR PR	INT)				J S MEE TON E THINGS	4	7 (	-	
		LE	720101	NA	c. cut	to	W1	THE KAN	HOSP	175	2-6	
DUE TO, OR AS A CONSEQUENCE  Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH  190. DATE OF OPERATION  190. DATE OF OPERATION  190. CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTHY MEDICAL EXAMINER)  21d. INJURY OCCURRED WHILE NOTHY MEDICAL EXAMINER)  21d. INJURY OCCURRED WHILE NOTHY MEDICAL EXAMINER  21d. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, FARM, E AT WORK  22d. I Certify that (I) (this hospital) attended the deceased from obove, (I) (we) (did) (did not) view the body after death.  22d. PHYSICIAN'S NAME (TYPE OR PRINT)  22d. PHYSICIAN'S NAME (TYPE OR PRINT)  22d. PHYSICIAN'S NAME (TYPE OR PRINT)  22d. DATE  22d. NAME (SPECIFY)  BURIAL  24 FUNERAL DIRECTOR					230	NAME OF C	EMETERY OR CREMATORY	23d LOCATION				=
	(			4/30/	86 Ea	stvie	w Cemetery	Baltimore	9 (00)	114	Md	
٩	24 FU			679.70			25a. Ta AH		-	SIGNATURE	E,	
	h	lm Ĉ March	F/H We	st 4	300 Waba	sh Av	e. Ar	W S A 1800	1	Harry Co.	-	





00-05468

- STATE

REGISTRAR

STATE OF MARYLAND FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** 

REG. NO.	0	8	4	
REG. NO.				

I. DE	CEASED NAME FIRST	,	MIDDLE	L	AST	Mark C	20 DATE OF DEATH	нтиом	DAY YEAR	2h HOUR
(TYP	James		E. J	ones			April 29,	1986	5	4:35P M
3. SE		RACE		5. DATE C	)F BIRTH		6 AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS
	M	В		MONTH	1 O	O 4	81	VDC	MONTHS DAYS	HOURS MIN.
7a. B	IRTHPLACE   STATE OF FOREIGN	L CITIZEN OF	WHAT COUNTRY?	8	v		9 BALTIMORE CITY	YRS.	Y OF DEATH	
	MARYLAND		5.A.	MARRIE	D NEVER	VORCED	Baltimo			MD.
10. C	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN	G HOME C			120 USUAL OCCUPAT	ION	12h KIND C	OF BUSINESS OR
	altimore	Mary.	Land Gene	ral	Hospit	al	LABORER	)F WORKING LI	IFE) INDUSTRY	7746
13a	AL RESIDENCE (IF NURSING HOME OR ON THE STATE	OTHER INSTITUTION	RECEIVER TOWN	SLAN	INSIDE C		13e.STREET ADDRESS			
	RYLAND 7		BALTIM	ORE.	YES THEP	NO []	1301 COLUN	1BUS_	RD. 21	1061
	FIRST	AIDDLE	LAST			FIRST	WIDDLE		ED I	ELAND
_	ILLIAM WAS DECEASED EVER IN U.S. ARA	AED CODECCO	JONES	NA VIII	MAG		ADDR	ECC	FRI	ELAND
NO		WAR OR DATES	16b SOCIAL SECUI							
			216050	693	ROS	E E. J	ONES 301	COLU	MBUS F	
	18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED	y ane couse per	line far (a), (b), and	licil					BETWEEN	ONSET AND DEATH
		CAUSE (a)	Cardiac E	allu	re					
		DUE TO, O	R AS A CONSEQUE	NCE OF	T. See					
	Conditions, if ony, which	( (b)_	hronic E	Renal	Insuf	ficien	су		7 10	
	gave rise to immediate cause (a), stating the	DUE TO, O	R AS A CONSEQUE	NCE OF					100	
	underlying cause lost	( (c) 1	Vephroscl	eros	is, H	yperte	nsion	Desir		
	PART 2 OTHER SIGNIFICANT C	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CON	DITION GI	VEN IN PART 1	0
CERTIFICATION						100.00				
CA	190 DATE OF OPERATION	196. COND	TION FOR WHICH	OPERATIO	N WAS PERFO	RMED	200 AUTOPSY?		S, WERE FINDI	
E	Marie Marie						YES NO	1	ES [	NO 🗆
	210. ACCIDENT WAS UNDERLYING	216. TIME O	FINJURY M. MONTH DA	Y YEAR	21c. HOW IN	JURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR PART 2)	
CAL	OR CONTRIBUTING CAUSE OF DEAT	P.		19						
MEDICAL	21d. INJURY OCCURRED	21e PLACE			211 LOCATION	NC	CITY OR TO	WA	COUNTY	STATE
Z	WHILE NOT WHILE AT WORK	(AT HOME STA	EET, FACTORY, OFFICE, FA	RAA, ETC )	SIREE		CIII OM IC			31412
	220.1 certify that X (this hospite	al) attended th	e deceased from	pril	14.	, 19.86	, to_April	29.	19 86	that X (we) last
	sow the deceased olive on a obove (i) (we) (did) (wid)	April 2	19	86,0	nd that in <b>K</b> ny)	(our) apinian a	death accurred an the d	ate ond ha	ur and from the	causes stated
	213/STOPSATURE	View Mis-Buddy	offer death.		DEGREE				22c. DATE	
0	Marin Mr	Horn	and .	W		ATTENDING	MEDICAL STA		4 3 3 3	
- 17	THE PHYSICIAN'S NAME OVER	PRINTY			17+ ADDRES		DIRECTOR TITIS	JAIN		
	/				0/0	Maryl	and Genera	1 Hos	spital	
23a l	BURIAL, CREMATION, REMOVAL	23b. DATE		AME OF C	EMETERY OR	CREMATORY	23d. LOCATION		COUNTY	CTAYP
	BURIAL	5-3-8	6 C	EDAP	HILL		ANNE AR	IINDE		MARYLAN
24 F	UNERAL DIRECTOR	11/1-1				25a. DAT	E REC'D. BY REGISTRAR	25b. REGIS	TRAR'S SIGNA	TURE
WI	M.C.MARCH F/H	INC.	1101 E.	NORT	H AVE	M	AY 2 1986	graine	Africa from	
						1214		445		

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO HOSPITAL

marked or Item 18 shaws any

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executed within 24 hours often

deoth certificate be

OR ATTENDING PHYSICIAN: The low requires that the

etoined by the hospital or attending physician.

TO HOSPITAL

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	STATE OF MARYLAND
FOR	DEPARTMENT OF HEALTH AND MEN

MENT AL HYGIENE

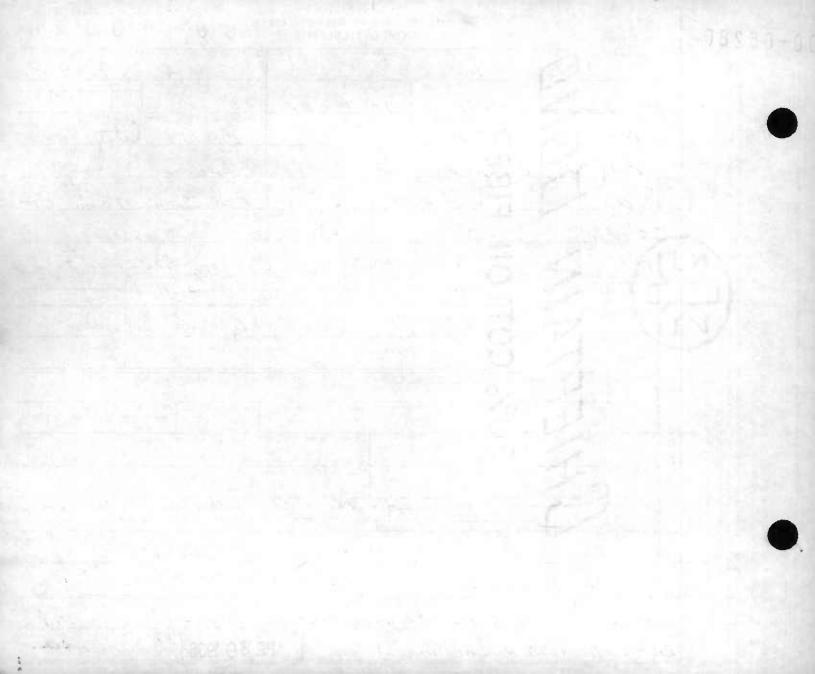
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	1	10	108	1034

5	REGISTRAR	CERTIFICATE OF	REG. NO.		
	PECEASED NAME FIRST	MIDDLE		20 DATE OF DEATH MON	NTH DAY YEAR 26 HOUR
111	John	2 L. Jones		4	28 86 9
3. S	EX	4. RACE 5. DATE OF BIRTH		6 AGE (IN YEARS LAST BIRTHDA	
	MALE	NEGRO 1- 19	- OQ	78	YRS HOURS
70.1		76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVE		BALTIMORE CITY OR C	
	COUNTRY)	//. / //	DIVORCED	BAUTO	cutiv
/ / 10.0	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER IN	ISTITUTION	120 USUAL OCCUPATION	12b. KILD OF BUSINES
6	BALTO	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)		TYPE OF WORK FOR MOST OF WO	ORKING LIFE) INDU RY
USI 130	UAL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)	CITY LIMITOR	13e STREET ADDRESS / ZI	n cons #7
5	md.	130. CITY OR TOWN 13d. INSIDE	NO [	\$ 2.0 JA	mes Town C
14.1	FATHER'S NAME		R'S MAIDEN NAM	E	
<b>Y)</b>	Jaseph	WIDDLE LAST	PATT 6	MIDDLE	PUSSOI
1 160	WAS DECEASED EVER IN U.S. AR		MANT	ADDRESS	The state of the s
/	(YES, NO OR UNKNOWN) (IF YES, GIVE	EWAR OR DATES) 085-03-3319 (-La	0:4 6	Butler. 5	20 JAmes Tow
/  =	18 CAUSE OF DEATH (Enter on	ly one couse per line for (o), (b), and (c)		07 - 70	APPROXIMATE INTERV. BETWEEN ONSET AND D
	PART I. DE ATH WAS CAUSEI	OBY. Cardin Puln	Lonary	arrest	SETWEEN CHARLE AND D
	IMMEDIAT	E CAUSE (o)	1		
2013		DUE TO, OR AS A CONSEQUENCE OF	VA	Sei soul	Disorder
	Conditions, if ony, which gove rise to immediate	(b) Sep 32)	,	0	3 000
-	couse (a), stoting the underlying couse lost	DUE TO, OR AS A CONSEQUENCE OF			
		(c)			
z		ONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELAT	ED TO THE TERMIN	NAL DISEASE OR CONDITI	ON GIVEN IN PART 110
CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PER	COPMED.	200 AUTOPSY? 20	Db. IF YES, WERE FINDINGS USED
7 5	198. DATE OF OPERATION	1198 CONDITION FOR WHICH OPERATION WAS FERE	ORMED	II.	CERTIFYING CAUSES OF DEATH
<b>≠</b> ₩	710. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY 21c HOW	INTITION OCCUPATION	YES NOL	YES NO
1	OR CONTRIBUTING TO CAUSE OF DEA	THE STATE OF THE S	INJURY OCCURRE	D (ENTER NATURE OF INJURY IN	IITEM 18 PART 1 OR PART 2)
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M. 19			
₽ Q	21d. INJURY OCCURRED	21e PLACE OF INJURY  (AT HOME STREET FACTORY, OFFICE, FARM, ETC.)  21I. LOCA  STR	TION	CITY OR TOWN	COUNTY 514
-	AT WORK AT WORK				1 00
0.0	220.1 certify that (I) (this hospid	of ottended the deceased from 4 - 78	19 86	_, to _ 4 - Z&	
100	sow the deceosed olive on obove, (I) (me) (did) (did)	19, ond that in (m	y) (propinion de	eoth occurred on the date	and hour and from the causes stat
	22b. SIGNATURE -	DEGREE.			22c. DATE SIGNED
	Thoreto	K. Cluz M.	ATTENDING PHYSICIAN	MEDICAL STAFF	4/18/8
7	224 PHYSICIAN'S NAME (TYPE O	R PRINT) 22e ADDR		DIRECTOR   PHISICIAN	
/	Vocita R	CR157_ /18	THERAK	1 HOSPI	TAL
/	TRESTIA K	. 0/-4-	1101011		
230	BURIAL CREMATION, REMOVAL	236 DATE 236 NAME OF CEMETERY O	RCREMATORY	23d. LOCATION	COUNTY
	DURIA!	2/3/86 Oben ex 6	reptich.	JOPPA	ma
34 24.	FUNERAL DIRECTOR	ADDRESS	250 DATE	REC'D. BY REGISTRAR 256	REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/B4 (VRA 15, 4)

1129 N. CAROLINE ST.

APK 3 U 1986



201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	
BALTIMORE	
. PRESTON ST.	
DS, 201 W	
DIVISION OF VITAL RECORDS, 201	
DIVISION	

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4857	1-	FOR STATE REGISTRAR	DEPAI		EALTH AND MENTAL HYC ICATE OF DEATH	GIENE 8 6 REG. NO.	0 8 4 5
poge 3		CEASED NAME FIRST RUTH	MIDDLE	Jo	NES		23: 86 11:34 AM
softer of	3. SE	x E	4. RACE B	5. DATE C	F BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)  54  YRS.	MONTHS DAYS HOURS MIN.
leath. Pag uneral dire in 72 hou of once,		RTHPLACE (STATE OR FOREIGN COUNTRY LINE OF THE	76 CITIZEN OF WHAT COUNTR U.S.A.	MARRIEI WIDOWE		BALTIMORE, CI	OF DEATH
by the fur filled withi	BA	ALTIMORE	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR NORTH CHARI	LES GE		12d USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	12b. KIND OF BUSINESS OR INDUSTRY
24 hou	13a S MZ	AL RESIDENCE (IF NURSING HOME OR STATE ARYLAND			13d, INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 655 BARTETT A	AVE. 21218
impletely ond 2 shares	14 FA	BILL	JONES JONES	3	EVA FIRST	WIDDLE	MOSBY
on and c	16a V	VAS DECEASED EVER IN U.S. AR VES NO OR UNKNOWN) (IF YES, GIV	MED FORCES? (SE WAR OR DATES) (228-30)		BENJAMIN J	ADDRESS ONES 655 BARTI	LETT AVE.
physicis properties pr		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA)	olly one cause per line for (o), (b), D BY: TE CAUSE (a), Cardia	and ici.	monary a	rres t	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
by the attending se remove carbo , cremotian, or re		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEC	Q han	,	brucy tomal	
equires to signed. Then ple to burion injury, or	NO	PART 2 OTHER SIGNIFICANT		O DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIV	'EN IN PART Tra
on. hos bee t permit. ene prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATIO	N WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED EYING CAUSES OF DEATH?
ICIAN: T 9 physici entificate ial-transi ntal Hyg em 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	Z1c HOW INJURY OCCUR	RED (ENTER MATURE OF INJURY IN ITEM 18. P	'ART I OR PART 2)
IG PHYSICIA offending pl fer this certifi s the burial-t and Mental	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	THE PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	CE, FARM, ETC )	ZII LOCATION STREET	CITY OR TOWN	COUNTY STATE
AL OR ATTENDIN the hospital are AL DIRECTOR: Aft etached for use as the Dept. of Health T: If them 21 is more		saw the deceased alive an	tol) attended the deceased from 4123 19	00		deoth accurred an the dote and hou	19.86, that (I) (we) last ir and from the causes stated
		22b. SIGNATI				MEDICAL STAFF  DIRECTOR PHYSICIAN	224 DATE SIGNED
O HOSPITA etoined by TO FUNERA should be de with the Stot		220. PHYSICIAN'S NAME (TYPE O			Lorth che	orles oreneral Bo	Hospital ultimare mp
BP	BU	BURIAL, CREMATION, REMOVAL (SPECIFY) JRIAL		BALTIM	EMETERY OR CREMATORY	23d. LOCATION CITYOR TOWN BALTIMORE	MARYLAND
DHMH - 16 60M 7/84 (VRA 15, 4)		UNERAL DIRECTOR NAME  . C. May	h 1/0100RES	= 1/a	Thank 250. DA	TE REC'D. BY REGISTRAR 256. REGIST	RAR'S SIGNATURE

STATE OF MARYLAND

1	N.			STATE OF MARYLAND			
.1	1	STATE REGISTRAR		NT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8 6	10.840	
3 1	DEC	EASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MO		
9	(TYPE	SAMPS	m G J	MES Jr	4	1086 718 AM	
3	. SEX	4.	RACE 5	. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHD		
		M	B	1 23 46	40	YRS.	
25	a. BIF	THPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR	OUNTY OF DEATH	
4		BARYLAND		VIDOWED DIVORCED	BALTO.	MD.	
1/1	0. CI	Y OR TOWN OF DEATH	. NAME OF HOSPITAL, NURSING	PRESS)	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W		
(2)	ISUA	I RESIDENCE (IF NURSING HOME OF OT	HER INSTITUTION, GIVE RESIDENCE BEFORE AD	HOSOItal	Disabled	Kama Da Inn	
1 i	3a S	TATE 136 COUNTY		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZI	PCODE wood phenu	
4	4 FA	THER'S NAME	IDHLIG	15. MOTHER'S MAIDEN NAM		ar Rosoa previous	
0			A TOOKS	Holen	MIDDLE	Henson	
1	60 V	AS DECEASED EVER IN U.S. ARM		TYNO. 17 INFORMANT	ADDRESS	0	
1	{ Y	ES. NOOR UNKNOWN) (IF YES GIVE V	217-402	27 Helen Jon	es 2908 1	Parkwood Ave	
		18. CAUSE OF DEATH (Enter only	one cause per line for (a), (b), and (	Sill o	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
		PART I. DEATH WAS CAUSED IMMEDIATE		experiment are	e. f		
			DUE TO, OR AS A CONSEQUEN	. /-	1.		
		Conditions, if any, which gove rise to immediate					
		couse (0), stoting the underlying couse lost	DUE TO, OR AS A CONSTOURN	Seims			
		PART 2 OTHER SIGNIFICANT CO	(6)	ATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDIT	ION GIVEN IN PART 110	
	NO.						
1	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH O	PERATION WAS PERFORMED	20a AUTOPSY? 2	Db. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?	
4	RTIF				YES NO	YES NO	
-/		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH DAY	YEAR 21c. HOW INJURY OCCURR	CED (ENTER NATURE OF INJURY IN	(ITEM 18 PART 1 OR PART 2)	
1	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)  21d INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	21f. LOCATION			
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		220.1 certify that (I) (this hospital	) ottended the deceased from		, to		
		saw the deceased alive an					
	3	226. SIGNATURE DEGREE 226. DATE, SIGNED					
		1) 1/2	TUD	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	× 4/10/86	
2		22d. PHYSICIAN'S NAME (TYPE		22e ADDRESS	11- 11		
NA CKINA			TETZO MD	Lustera	( willy)		
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3	4 FL	NERAL DIRECTOR	7113/00 WES	tview Memorial Pa	rk Catonsvi		
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BALTO CITY

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20. DATE KNOWN 52 OF ESTI-DEATH MATED 4-13-86 19 (TYPE OR PRINT) F PAGES 1, 2, AND 3 TO THE FUNERAL DIRECTOR.
FORM PM 3. RETAIN PAGE 5 FOR YOUR FILES.
SES 1 AND 2 SHOULD BE FILED, WITHIN 72 HOURS, ION OF VILAR RECORDS, 201 W. RRESTON STREET, E. JONES WILLIE 5. DATE OF BIRTH 4 RACE 6. AGE (IN YEARS IF UNDER 1 YR. SEX IF UNDER 24 HRS DATE 2d. HOUR PRONOUNCED 4-13-86 8:43a DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED D DIVORCED Baltimore City ID. CITY OR TOWN OF DEATH 126. KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Retiney 1228 N. Broadway Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE REFORE ADMISSIONI 21213 13b. COUNTY 13g. STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS m 14. FATHER'S NAME MIDDLE LAST MIDDLE LAST FIRST Jones 7. INFORMAN 160, WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) 0 USED AS A BURIAL - TRANSIT PERMIT. PAG OF HEALTH AND MENTAL HYGIENE, DIVISI RIAL, CREMATION, OR REMOVAL. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION cachexia EDED TO THE CHIEF A E 3 SHOULD BE USED A E DEPARTMENT OF HE 31 PRIOR TO BURIAL, ( 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NOUN YES . 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH CEN. ITING THE TO MEDICAL P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f. LOCATION TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNEAL DIRECTOR: PAGE 3 AFTER DBATH, WITH THE STATE DEF BATH WORE, MARYLAND, 21201 PF NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY AT WORK AT WORK X 22a. I certify that I took charge of the remains described above, held on Autopsy Inspection and in my opinion Hamicide death resulted from: Natural couses Suicide Undetermined manner TITLE (SPECIFY) ACTUAL 4-13-86 Assistant SIGNATURE EXAMINER'S NAME Korell Modess Penn Street (TYPE OR PRINT) 23¢, NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION REMOVAL 236 DATE COUNTY STATE MD 07/84 BP. 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5))

(VRA 15, 4)

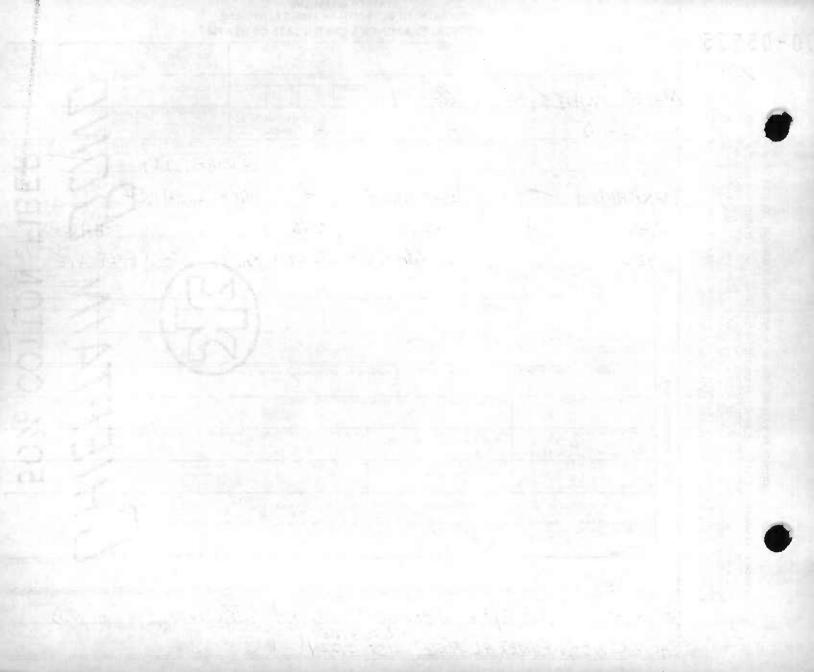
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he low re on. hos beel thermit. iene prior	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED	206. AUTOPSY?  206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO NO
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ORNA DORNA DO. 23			rge of the remains described above, he	ld on Autap	sy X Inspection	, Inquiry , ar	nd in my opinion
EXAMINER: CERTIFICATE JLD BE FOR DIRECTOR: WITH THE:		death resulted fram: Nat	ural causes . /Accident .	Suigide		Undetermined manner	
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# F. C		CEASED NAME AFIRST ANNA ANNA	MIDDLE	Kartivich KARTIVICH	20. DATE OF DEATH MONTH	22 86 6 5 f
Section of the sectio	3-50	Female FEMA2E	A RACE Cauc.	5. DATE OF BIRTH  MONTH DAY YEAR  10 15 95	6 AGE (IN YEARS LAST BIRTHDAY) 90 YRS.	FUNDER LYEAR IF UNDER 24 HE MONTHS DAYS HOURS MI
mercal Po	C	Md.	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNT	
419	61	TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STRE	Gen. Hosp.	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING  Retired	LIFE) 12b. KIND OF BUSINESS C INDUSTRY Radio
in 24 having y filled to should be should be	13a. S	RESIDENCE (IF NURSING HOME OF TATE 13b COUP		OWN 136 INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP COI 808 St. Paul	
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he fow required for the fow requirement. The ene prior to laws ony injury	CERTIFICATION	OLD CE I		ALAR ACCIDENT	IN CERT	ES, WERE FINDINGS USED FIFTING CAUSES OF DEATH? YES NO NO
hysicie icote ronsit Hygin 18 sho		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	MIN.	DAY YEAR 19	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
YSICIAN: ding phys s certifica burial-trai Mental Hy in Hem 18	DICA					
DING PHYSICIAN or or ottending physics after this certificate or the buriol-trought and Mental Himarked or Item 18	MEDICAL	216 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICION) (attended the deceosed from	E, FARM, ETC) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
OR ATTENDING PHYSICIA e hospital or attending pi JIRECTOR. After this certif ched for use as the burial-th lept. of Health and Mental Item 21 is marked or Item		21d INJURY OCCURRED  WHILE NOT WHILE AT WORK  22a I certify that (I) (this hosp, sow the deceased alive on	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICi	211 LOCATION STREET  D4 - 22 19  and that in (my) (aur) opinion  DEGREE	death accurred an the date and he	n, 19 6 , that (I) (we) I are and from the causes stated
TENDING PHYSICIA  ful or ottending pi  ful or ottending pi  or use as the busial-t  or Health and Mental  is marked or frem		21d INJURY OCCURRED  WHILE NOT WHILE 220 I certify that (1) (this hasp: sow the deceased alive an above, (1) (we) (did) (did not be above, (1)	21e PLACE OF INJURY (AI HOME, STREET, FACTORY, OFFICI  out all out and the deceased from OUT 22 19 out view the body after death	211 LOCATION SIREE  D4 - 22 19  And that in (my) (aur) opinion  DEGREE  ATTENDING PHYSICIAN  22e ADDRESS	6 to 04-22-	22c DATE SIGNED

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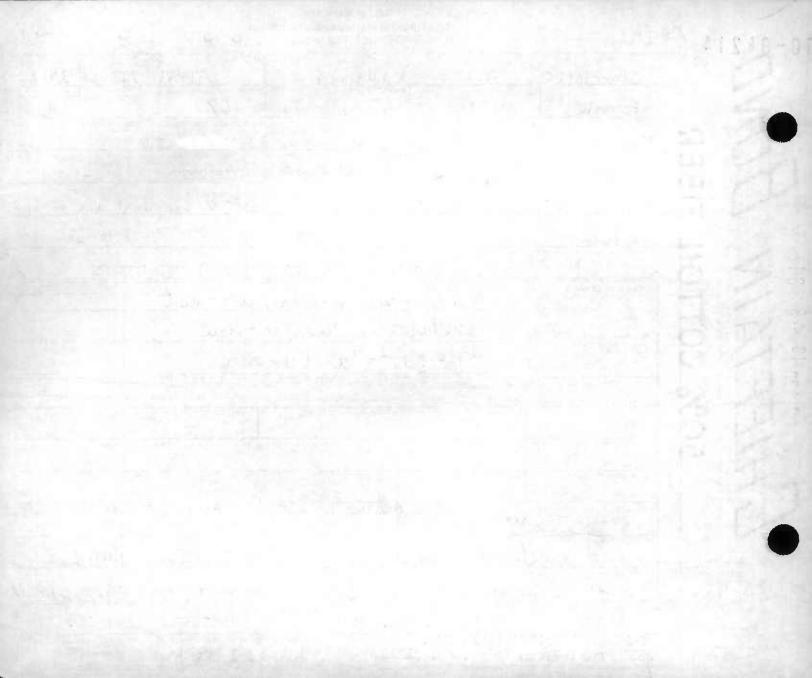
Dundalk, Maryland 21222

(VRA 15, 4)

7922 Wise Avenue

STATE OF MARYLAND

0-04214/		FOR STATE REGISTRAR	DEPAI	RTMENT OF HEA	OF MARYLAND LITH AND MENTAL HYG ATE OF DEATH	REG. NO.	10858
by be on be death		OR PRINT)	Annette	1.4	,	20 DATE OF DEATH MO	1 181986 3.40 AM
poog L	3. SE	Charlotte	4 RACE	5. DATE OF	fman BIRTH	6. AGE (IN YEARS LAST BIRTHD	
ge 4 r	-31	Female	white	MONTH	22 YEAR 19	67	YRS. MONTHS DAYS HOURS MIN.
Page.		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	MARRIED	NEVER MARRIED	9 BALTIMORE CITY OR	
death where		Maryland	U-S.H.	WIDOWED	DIVORCED [	BALTIMORE	
by the f		Ballimole	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR South Baltimo	REET ADDRESS)	1 11	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W HOMEMAKER	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICIAN: The low requires that the death certificate be executed within 24 hours oftending physician and completely filled in by as the burial-transit permit. Then please remove carbonipapers. Pages I and 2 should be filled in thand Mental Hygiene prior to burial, cremation, or removal.  onked or flem 18 shows any injury, or other traumatic event, the medical examiner must be well as the world to the medical examiner must be well as the world to the medical examiner must be well as the medical examiner.		AL RESIDENCE (IF NURSING HOME OR 13b. COUN	TY 13c. CITY OR TO	OWN II	NO DE CITY LIMITS?	13e.STREET ADDRESS / Z 235 N Lal	PRODE AUR 21224
withir withir d 2 st	14 FA		WIDDLE LAST		MOTHER'S MAIDEN NAM		
E. Med	16. 1	EUGENE VAS DECEASED EVER IN U.S. AR/		NE,	ADA 7. INFORMANT	ADDRESS	Hickman
MORE and a Pages	- (		220-01-		CHERYL LUDWI		ME ADDRESS
ate be sicion pers. F		18 CAUSE OF DEATH (Enter on			OHIGH HODWA	G (DHIIII) DA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
phys phys propper property.		PART I. DEATH WAS CAUSE	E CAUSE (O)	uopu	Lyonary	, arrest	BETWEEN ONSET AND DEATH
on services on records	13		DUE TO, OR AS A CONSE	MOL. Man. O.	10.00		
RESTOI death attend nave ca ation, o		Conditions, if any, which gave rise to immediate	( 1b) Merc	Mane	e caran	coma	
that the day the ease ren		couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEC	QUENCE-OF	ancino	ma	
gned buriol, ry, or or	A	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING T	TO DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE OR CONDIT	TON GIVEN IN PART 110
PRDS en sig en sig or to b r injur	CERTIFICATION						
nas be permit me prikme	FICA	19a DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION	WAS PERFORMED		Ob. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH?
VITAL N: The ysicion cate haronsit p Hygien IB shave	ERTI	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	1:	214. HOW IN JURY OCCURE	YES NO	YES NO
DF VI		OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH	DAY YEAR		(Elaler anione of pator in	THE TOTAL TON CONT. 2)
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HVISI 4G Pl offer the is the h and rked	2	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFI	CE FARM ETC )	STREET	CITY OR TOWN	COONIA
NDIN If or Use o Use o Health		22a.1 certify that (I) (this haspit		APRI		_ to APRIL	
ATTE ospito d for n 21		sow the deceased alive an above, (I) (we) (did) (did not	view the body after death.			death occurred on the date	and hour and from the causes stated
OR AT OR AT DIRECT Oched to Dept. o		226. SIGNATURE	9.11		GREE ATTENDING _	MEDICAL STAFF	220 DATE SIGNED
HOSPITAL ned by the FUNERAL uld be detected the State ORTANT: H		22d. PHYSICIAN'S NAME (TYPE CI	Joog Men X		PHYSICIAN [	DIRECTOR PHYSICIA	4118/82
OR THE		Scott E	GOODFRIEND	mo	7-271 5	YAN OUER	T Balt, mare
sho TO	23a. E	URIAL, CREMATION, REMOVAL	23b. DATE 23	3c. NAME OF CEN	AETERY OR CREMATORY	23d. LOCATION	The state of the s
BP		SPECIFY) BURIAL	4/21/86 I	BALTO. N	AT'L	BALTIMORE	MD. STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	24. FI	3331 Brehms La	ERAL HOME, INC ne, Balto. Md.	21213	250. DAT	R 2 1 1986	REGISTRAR'S SIGNATURE



- STATE

BP

REGISTRAR

126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NOF 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) CITY OF TOWN COUNTY STATE , and that in (my) (our) opinian death occurred on the date and have and from the causes stated 22c. DIATE SIGNED STAFF DIRECTOR PHYSICIAN FIRST UN EVAN CH. 24. FUNERAL DIRECTOR DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

YEAR

IF UNDER 1 YEAR

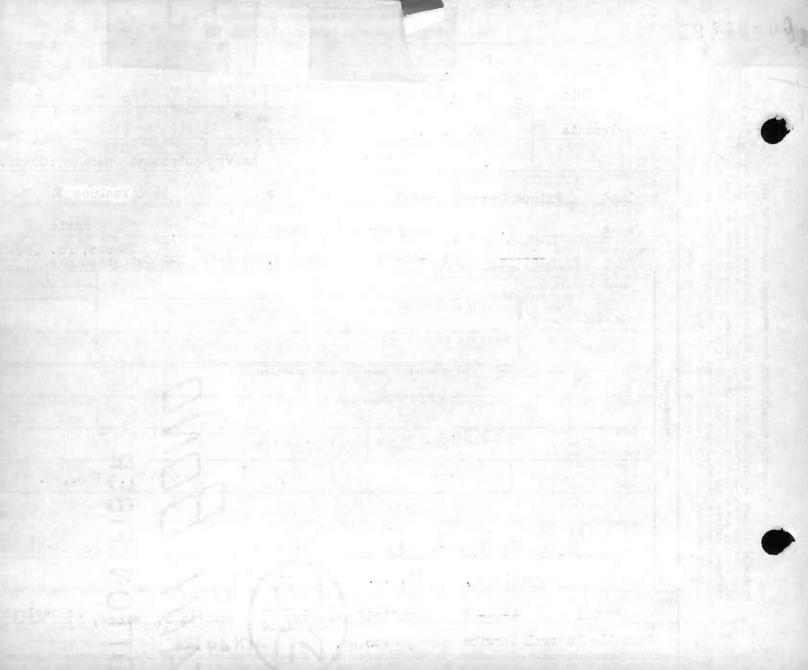
2b HOUR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE 00804503 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN 7h HOUR X (TYPE OR PRINT) OF ESTI-DEATH MATED JRS AFTER DEATH. IF ANY DELAY'S NECESSARY, PLEASE B. GIVE PAGES 1, 2, AND 3 TO THE FUNERAL DIRECTOR. WITH FORM PM. 3. RETAIN PAGE 5. FOR YOUR FILES. T. PAGES IAND 2. SHOULD BE FILED. WITHIN 22 HOURS. DIVISION OF WITHIN 22 HOURS. 4-20-869 2d. HOUR 4. RACE DATE OF BIRTH IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED DEAD 66YRS 4-20-8619 Black 191 D - 0 7/10 Male Dec 9. BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED X FOREIGN COUNTRY USA DIVORCED Baltimore City WIDOWED Maryland IN CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY 7 erk Baltimore University Hospital Retired sec. Soc. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Apt. 10C 13c. CITY OR TOWN 13e STREET ADDRESS 13b. COUNTY 13d. INSIDE CITY LIMITS? 841 Baltimore YES SE NO [ Whitelock St. Maryland 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE LAST HOURS AFIL. Ford Kellum Bertrice Levi 16b. SOCIAL SECURITY NO 17 INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO. OR UNKNOWN (IF YES GIVE WAR OR DATES IN ITEM 18. GIVE ALONG WITH F SIT PERMIT. PAGE 214-45-4590 Elinor Turner708 Whitmore Mrs. No CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BETWEEN ONSET AND DEATH EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 16 PAGE 4 SHOULD BE FORWARDED TO THE CALIEF MEDICAL EXAMINER ALONG V TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - RRANSIT PERMIT AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, BALLIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY: Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES [ NO X 71g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY 214 INJURY OCCURRED **FAT HOME** 211. LOCATION STREET, FACTORY, FARM, ETC.1 STREET CITY OR TOWN COUNTY NOT WHILE AT WORK AT WORK X 220. I certify that I took charge of the remains described above, held on Autopsy Inspection Homicide Undetermined monner TITLE (SPECIFY) ACTUAL SIGNED -21-86 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. ADDRESS Pern Street (TYPE OR PRINT) 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE CITY OR TOWN Baltimore Md. BP Burial Mt. Auburn Cem. 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** T. Gwynn 4517 Park Hgts. Ave. (VR A15 ME (5)) 20M 4/82

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ORE	nd a	dico	1	160. V	AS DECEASED EVER IN	U.S. ARMED FORCES? FYES, GIVE WAR OR DATES)	166 SOCIAL SEC		17 INFORMANT		ADDRES		
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VITAL RECORDS,	thysician.  ficate hos been transit permit.	Hygiene prior	2	CERTIFICATION	210. APCIDENT WAS UNDERLO	/86 - 21b. TIME C	an	gir	N WAS PERFORMED  21c. HOW INJURY OCC	YES	NO NO	20b. IF YES, WERE FI IN CERTIFYING CAL YES IN ITEM 18 PART 1 OR PAR	JSES OF DEATH?
DIVISION OF VIT	nding p	d Mento	1	MEDICAL	(IF EITHER NOTIFY MEDICAL I	XAMINER) P	.M.  OF INJURY REET, FACTORY, OFFICE.	19	21f. LOCATION STREET		CITY OR TOWN	N COUNT	Y STATE
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+	5 - 2	s <u>&lt;</u>		23a B	URIAL, CREMATION, REA				EMETERY OR CREMATOR	Y 23d.	LOCATION CITY OR TOWN	COUNTY	
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1	WE SEE		death resulted fro	m: Nature	al causes .	Accident,	Suicide X	, Hamicide	. Undete	rmined manner	<b>□</b> .		
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	EXECUTE PAGE AFTER I	73o.B	JRIAL, CREMATION		b DATE	73c NAME OF C	CEMETERY C	R CREMATORY	23d. LOC	CATION			_
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STATE OF MARYLAND

(VRA 15, 4)

STATE OF MARYLAND

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19/86

4517 PARK HEIGHTS AVENUE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO F 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) STATE . and that in (my) (aur) apinion death accurred an the date and haur and from the couses stated THE DATESIGNED 23c NAME OF CEMETERY OR CREMATOR' 23d LOCATION MARYLAND NAT. MEM. PK (PRINCE GEORGE) MD. LAUREL Julia Daydson-Handales

DAYS

INDUSTRY

HOURS

12b. KIND OF BUSINESS OR

DOMESTIC

DHMH - 16 60M 7/84 (VRA 15, 4)

23a BURIAL, CREMATION, REMOVAL

LEWIS T. GWYNN

BURIAL

(SPECIFY)

24 FUNERAL DIRECTOR

FOR

18780-00 200 30-41-52 North STREET, William Comment of the Comme Signs and the first first terms of the second of the secon AT - THE SUPPLEMENT OF THE STATE COLUMNS OR. Colored Commence of the Colored Large 1. Delta 1517 tec. madha avalus

02021	FOR 1 - STATE REGISTRAR	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	80 100	6 6
03031	1. DECEASED NAME FIRST	nas M. Kennedy	LAST	REG. NO.  20 DATE OF DEATH MONTH DAY YEAR  April 14, 1986	2b. HOUR
oge 4 may be rector, page urs ofter deat	3. SEX M	4 RACE	January 21, 1918	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YE MONTHS DA	YS HOURS MIN.
death. Pour 72 ho	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Mass.	76. CITIZEN OF WHAT COUN USA	MARRIED NEVER MARRIED 15	Baltimore City,	WE
by the fried with	Baltimore	5937 Chinq		120 USUAL OCCUPATION 126. KIND (TYPE OF WORK FOR MOST OF WORKING LIFE) 120. Stat	of Business or RY ce of Mas
filled in	Md.	E OR OTHER INSTITUTION GIVE RESIDENCE DUNTY 130, CITY OR Balt.	DEFORE ADMISSION) TOWN 13d. INSIDE CITY LIMITS? YES Z NO	13. STREET ADDRESS / ZIP CODE 5937 Chinquapin Pkwy	13ALT (2123
ompletely and 2 si	14. FATHER'S NAME FIRST James 1	Kennedy LAS	15. MOTHER'S MAIDEN N	lara McEnroe	LAST
on and co	160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (1F YES)	GIVE WAR OR DATES!	SECURITY NO. 17 INFORMANT 2 5348 Mr. James F	ADDRESS  Kennedy 5937 Chinquar	oin Pkwy.
w requires that the de been signed by the ott mit. Then please removering to buriol, cremation my injury, or other trou	Conditions, if only, which gove rise to immediate couse (a), stating the underlying cause lost  PART 2 OTHER SIGNIFICAN  190. DATE OF OPERATION			MINAL DISEASE OR CONDITION GIVEN IN PART    200 AUTOPSY?   20b. IF YES, WERE FIN	
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TO HOSPITAL OR ATTENDING Pretoined by the hospitol or otter to FUNERAL DIRECTOR, after the should be detoched for use as the with the State Dept. of Health and IMPORTANT. If them 21 is marked	220 I certify the (1) his he	ospital) attended the deceased for a constraint the body other death	DEGREE ATTENDING	deoth occurred on the date and hour and from the date and the dat	., the tip we) lost
BP	230. BURIAL, CREMATION, REMOVE Burial	AL 23b. DATE 4/18/86	23c. NAME OF CEMETERY OR CREMATORY St. Mary's Cem.	Randolph, Mass.	STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FUNERAL DIRECTOR MITCHELL-WIEDE	FELD HOME, INC.	RESS CEOO TY TO THE	TE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGN	

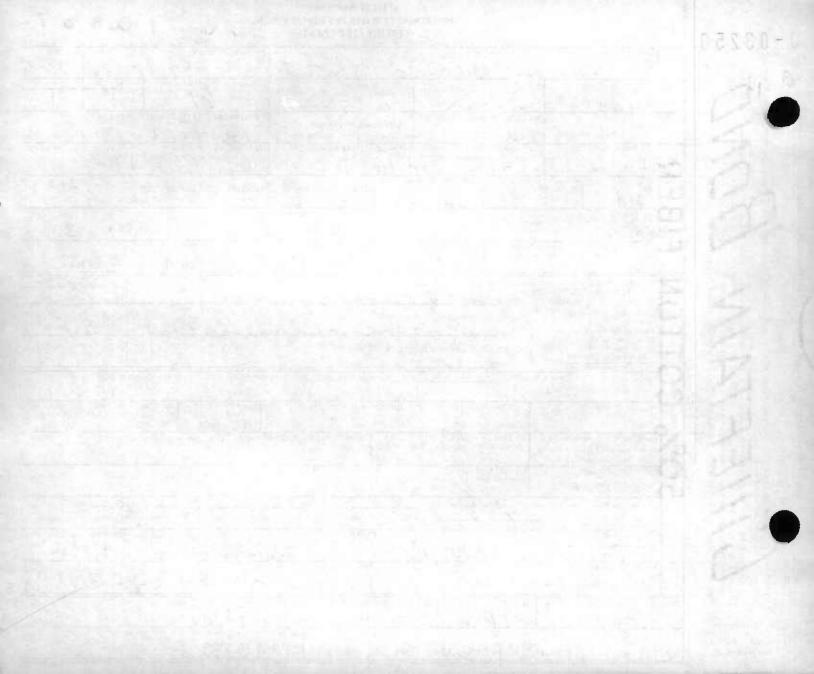
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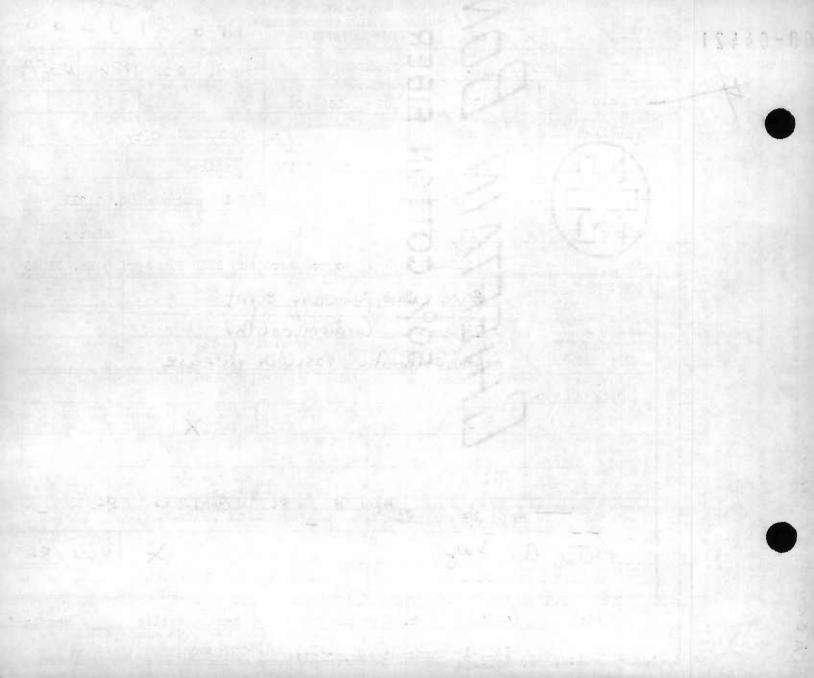
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STATE OF MARYLAND





STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO LAST 2a DATE OF DEATH DECEASED NAME FIRST MIDDLE MONTH 26 HOUR TYPE OR PRINT 86 25 10:02 1 Beulah Mae Kerns 3. SEX 4 RACE S DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS HTMOM DAY VEAR 8 24 1937 48 White Female YRS To BIRTHPLACE I STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED ENEVER MARRIED COUNTRY DIVORCED | Baltimore City Maryland USA WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10. CITY OR TOWN OF DEATH 12s USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TTYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Baltimore Francis Scott Key Medical Center Housewife Home USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSIONS 13a. STATE 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Baltimore 21224 YES TX NO [ N. Curley St. Maryland 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Hulbert Shrout Norma J. Hornbeck ADDRESS In WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT IVES NO OR LINKNOWNI (IF YES GIVE WAR OR DATES) 236-58-1466 David W. Kerns. Sr. Same as 13e No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/10 CERTIFICATION 19 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NON NO I 210 ACCIDENT WAS UNDERLYING 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 21b. TIME OF INJURY 38 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF FITHER NOTIFY MEDICAL EXAMINER) P.M. 10 21d INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY 0 CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY OFFICE, FARM, ETC.) WHILE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from 1-18-86 sow the deceased alive on, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body ofter deoth 226. SIGNATURE DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d PHYSICIAN'S NAME TOUR OF PRINT 22e. ADDRESS Eastern Ave. 23a. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b. DATE (SPECIFY) CITY OR TOWN COUNTY BP. Burial 4/28/86 Woodrow Wilson Cem. W. Virginia Paw Paw Morgan

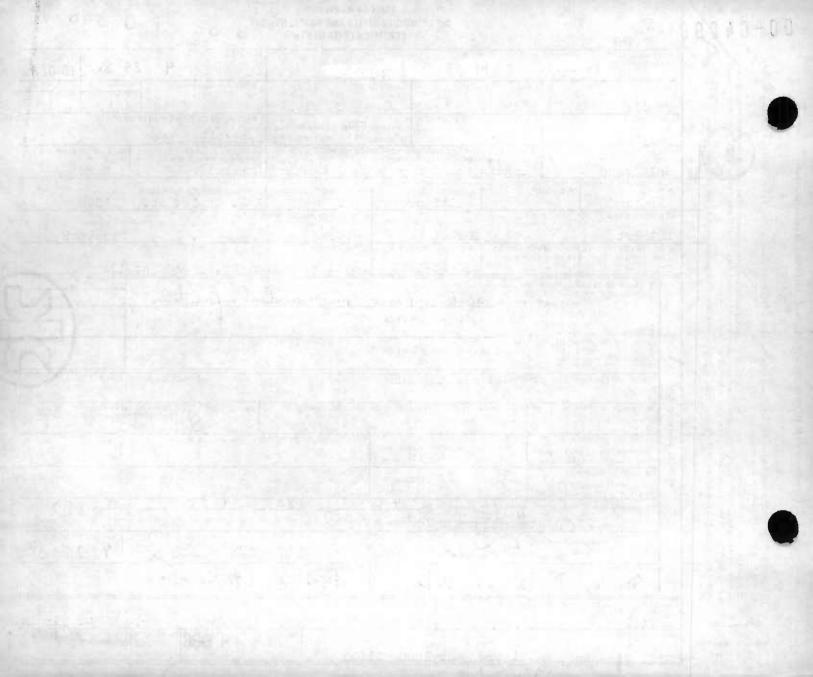
DHMH - 16 60M 7/84 (VRA 15, 4)

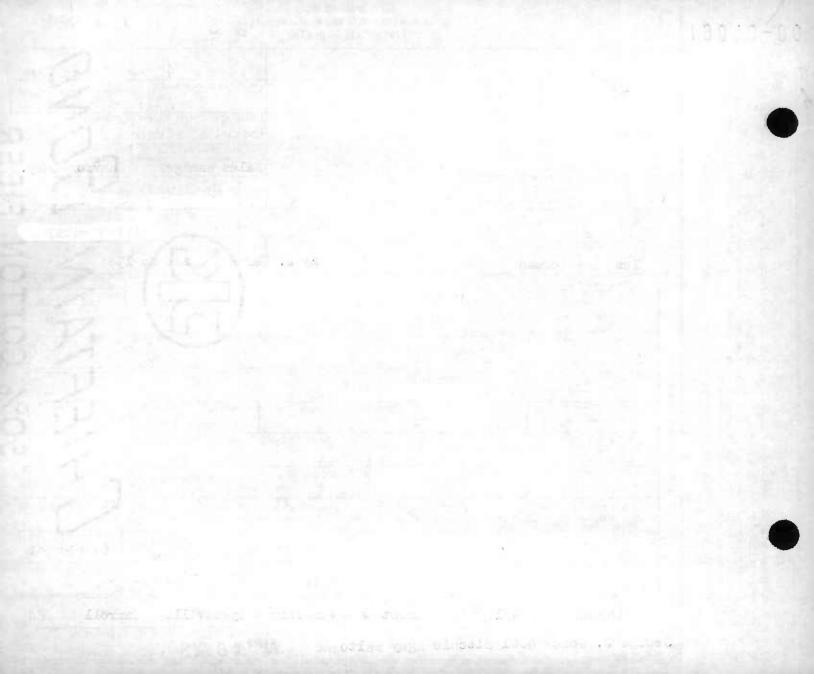
24 FUNERAL DIRECTOR

7922 Wise Ave. Baltimore, Maryland

Duda-Ruck, Inc.

250. DATO ISC 2 BY REGISTOR 256 REGISTRAR'S SIGNATURE





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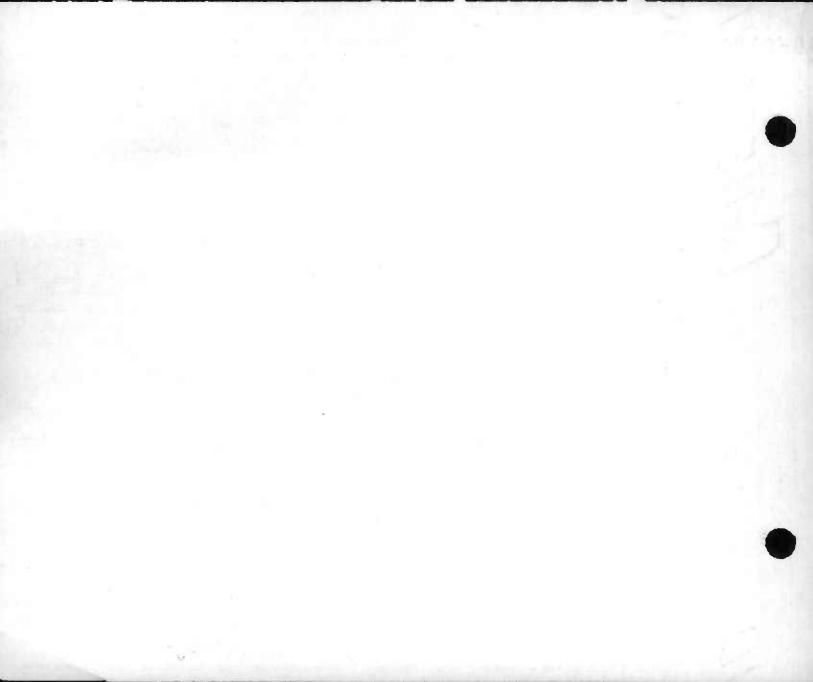
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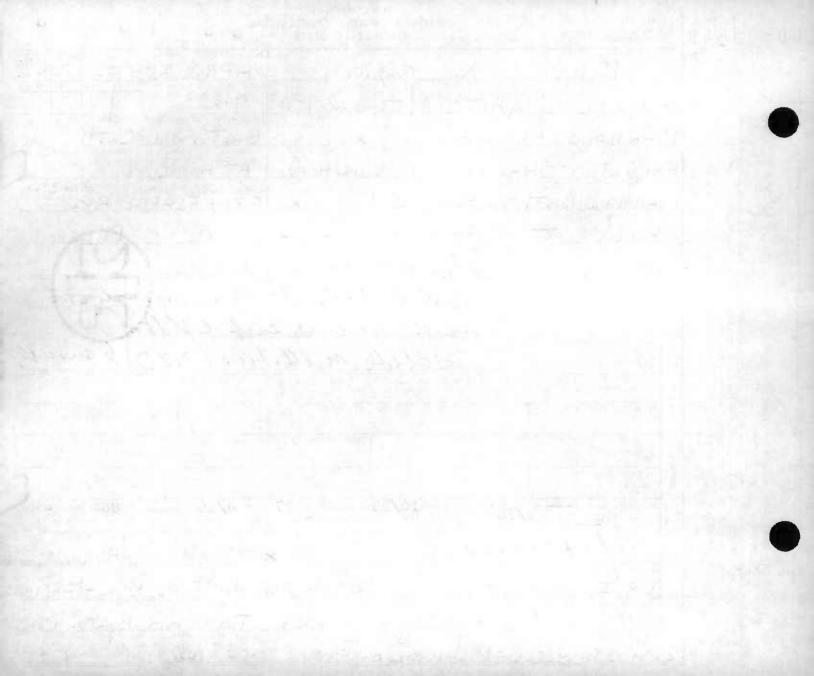
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detached igte Dept. VT. If frem		226. SIGNATURE R. C. Pan	as		DEGREE  ATTENDING PHYSICIAN	MEDICA DIRECTO	L STAFF		22c DATE	24/86
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STATE OF MARYLAND

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(VRA 15, 4)



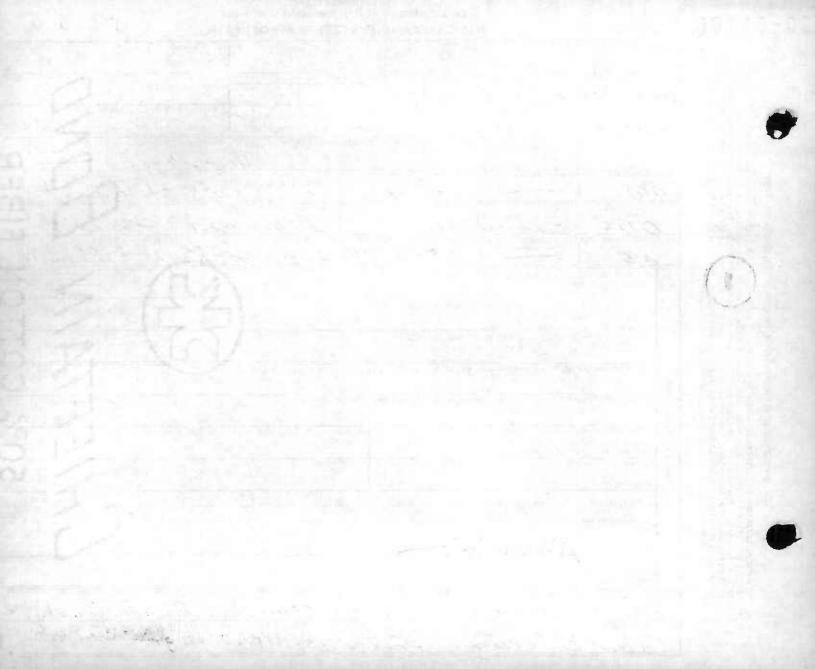
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0040	2	1 DEC	EASED NAME _ FIRST	MIDDLE	LAST	REG. NO.  20. DATE OF DEATH MONTH DAY YEAR 26, HOUR
moy be poge 3			ORPRINT) ANN.		KLISHIS	04-30-86 2.46Am
4 9		3. SE)		4. RACE	5. DATE OF BIRTH  MONTH DAY YEAR  11 29 09	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER 24 HRS.  MONTHS DAYS HOURS MIN.
Page dire	-	7a BII	THPLACE LISTAGE OR FOREIGN	76. CITIZEN OF WHAT COUN	ITDV2 8	DE BALTIMORE CITY OF COUNTY OF DEATH
T2 72	160		OUNIRY) Md.	U.S.	MARRIED ► NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	BAIto. City MD.
the funeed of	4	10. CI	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE	URSING HOME OR OTHER INSTITUTION  STREET ADDRESS)	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)   Salesperson   Retail Sales
24 hours filled in b ould be fil		13a. S	L RESIDENCE (IF NURSING HOME OF	NTY 13c. CITY OF		13e STREET ADDRESS / ZIP CODE 21327
should be a series	1	14 FA	THER'S NAME	BF	YES X NO	1113, WICKNAM Na
ind campletel	5	14. FA	FIRST	MIDDLE LA	ST FIRST	12A1
E 0 (3)	1	14 20	George	KALING	SECURITY NO. 17. INFORMANT	Paplaus Kas
and c	/		ES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL		
physician o papers. Po novol. ent, the me			No	1316-	36-44 [CMildred Co	onnor, 1532 Buckhorn Road 21784
n signed by the atten. Then please remave c. to buriol, crematian, injury, ar ather traumo		7	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT (	DUE TO, OR AS A CON		MINAL DISEASE OR CONDITION GIVEN IN PART 110
nas bee permit. ne prior	9	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR V	WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO YES NO
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s the bu	-	MEC	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, C		CITY OR TOWN COUNTY STATE
os t Itha			AI WORK AI WORK		from 04/13 10 8	6 to 04/30 10 86 that the (we) last
Heo Heo	374		22a.1 certify that (I) (this hasp saw the deceased alive or	10 14 1 0	The state of the s	n death occurred on the date and hour and from the couses stated
d form			obove, (I) (we) (did) (did no	ot) view the body ofter death.	80,	
AL DIRECTOR detached for un ste Dept, af He T. If Hem 21 is			226. SIGNATURE	elinde Gr.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN 4 4/3 5786
TO FUNERAL I should be deto with the State I IMPORTANT: IF	1		22d PHYSICIAN'S NAME (TYPE OF	. /	WG 14. 122e ADDRESS BOY	NSECOURS HOSPITAL
TO FUN should be with the		23e B	URIAL, CREMATION, REMOVAL	101111111	23c NAME OF CEMETERY OR CREMATORY	23d. LOCATION
5			Burial	5/3/86	Woodlawn Cemetery	Woodlawn Baltimore Maryland
3P		24 FL	NERAL DIRECTOR	3/3/00		ATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
H - 16 50M 4/B3 (VRA 15, 4)	3		NAME		DRESS ZIZZ9	MAY 2 1996 SE Kie 19 400
(4.01 (0) 7)		П	moatu tulletat	Home, Inc., 4	107 Wilkens Ave.	STATES OF THE PARTY OF THE PART

14-5-58 346 PREDICEENIC PARTICIPATION OF THE PERFORMENT E. T. Evel Co Hertheral

0-03193/	1.	FOR STATE REGISTRAR		DEPAR	MENT OF H	E OF MARYLAND EALTH AND MENTAL ICATE OF DEATH	. HYGIENE	REG. NO.	108	19
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ge 4 mary ection pos	1.583		4 RACE	/	5. DATE O	DE BIRTH		(IN YEARS LAST BIRTHDAY	MONTHS DAYS	
	1.4	ARYLAND	U. 9	WHAT COUNTRY	MARRIE		B	ALTIMOR	OUNTY OF DEATH	MD.
8 //		BALTO.	MER	CY HO	SPITA	OR OTHER INSTITUTION	(TYPE OF	JAL OCCUPATION WORK FOR MOST OF WO MEMAKE	PRKING LIFE) INDUSTRY	
AND 21	13n 5		ROTHER INSTITUTION	13c CITY OR TO	WN	13d INSIDE CITY LIMIT	65	ET ADDRESS / ZIF	GDALE RD	21237
MARYING WITH WITH	1	THER'S NAME FIRST WILLIAM		ERER			ERON	ADDRESS	55	AST
TIMORE De cont.	lea W	AS DECEASED EVER IN U.S. AF	RMED FORCES?		1526D	17 INFORMANT	aM. Pa		A	
57., BAL orthoots on payed on page removal.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA	nly one cause pe ED BY. .TE CAUSE (a)	MYOCAN		"Farction			APPROBETWEEN 76	NONSET AND DEATH
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DIVISION NG PHTSII offer this ce as the burn th and Auto	MEDIC	21d INJURY OCCURRED	21e PLACE (AT HOME, S	E OF INJURY TREET, FACTORY, OFFICE	FARM ETC )	211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
HOSPITAL OR ATTENDE med by the hospital or FUNERAL DIRECTOR: A vid be desiched for use the store Dept. of Heal ORTANT: If hem 21 is mi		220.1 certify that (1) (this hosp saw the deceased alive or above, (1) (we) (did) (did not see that JURE	OR PRINT)	19	1	DEGREE ATTENDIN PHYSICIA  220 ADDRESS	NG MEDIC		22c. DATI	, that (I) (we) last e causes stated EGIGNED
Q	23a. B	URIAL, CREMATION, REMOVAL		230		EMETERY OF CREMATO		OCATION CITY OR TOWN BALTO	MD COUNTY	STATE
DHMH - 16 60M 7/84	D	NERAL DIRECTOR		ADDRESS	1000			BY REGISTRAR 256.	REGISTRAR'S SIGNA	

			FOR	DEP	ARTMENT OF	HEALTH	AND MENTAL	HYGIENE			-	A.,
00 - 0	4266/		STATE REGISTRAR	MEDIC			ERTIFICATE		REG. NO.	0 1	3 3	U
	N	1. DE	CEASED NAME FIRST	MIC	DDLE		LAST	20. DATE	KNOWN	MONTH [	DAY YEAR	26 HOUR
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45	T IS NECESSARY, PLEASE HE FUNERAL DIRECTOR. GE S FOR YOUR FILES. HED, WITHIN TO YOUR STREET, OU W. PRESTON STREET,	10. C1	TY OR TOWN OF DEATH	11. NAME OF HOSPITA				120. USUAL OCC	UPATION (TYPE OF		NIND OF B	USINESS
	F ANY DELAY IS N AND 3 TO THE FL RETAIN PAGE 5 SHOULD BE FILED, RECORDS (20) W	E	Baltimore	1708 St. I	Paul St.			Unpon	1	1 -	OK INDUS	IKY
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	Se Fig		18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSED	N DV							APPROXIMA BETWEEN ONS	TE INTERVAL
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V			lying couse last.	DUE TO, OR AS	A CONSEQUENCE	OF					-	
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	ATE, ORW ORW R: P. P. HE ST JD, 2		220. I certify that I took charg	e of the remains describe	ed obove, held on	Autop	sy X, Inspection	on , Inquir	y , ond in	т ту оргин	ion	
	EXAMNER: CERTIFICATE OLID BE FOR: , DIRECTOR: , WITH THE S MARYLAND,		death resulted fram: Natur	al couses X, Acc	ident , Su	icide 🗌	, Hamicide .	Undetermined	monner .			
	EXAL CERT DIED I		ACTUAL ANA	. 00			TITLE (SPECIFY)			34		
			SIGNATURE	N/X		M	D Assistan	T_MEDICAL EXA	MINER	DATE SIGNED_	4-16-	86
	UNERAL MORE, MORE,		EXAMINER'S NAME Ann	M. Dixon,	MD		111	Penn St.	Balto	MD	2120	1
	TO MEDI EXECUTE PAGE 4 TO FUNE AFTER DE BAGTIMO	22 5	(TTPE OR PRINT)				AUDRESS			, 110	2120	
		(5	PECJEY)	3b. DATE	23c. NAME OF CE	/	TY CEM	23d. LOCATION	2/	COUNTY	n	SYATE MY
07/84 25M	BP	24. FI	SUSSA !	1-10-06	11/160	Iva		REC'D. BY REGIST	RAR 256 REGISTA	AR'S SIG	NATURE	1
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00-0461

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	REG. NO.	1	0	Ö	Ö
	REG. NO.				

17	1.	SEGISTRAR			CERTIF	ICATE OF DEATH	8 6 REG. NO	) l	0	0 1
		EASED NAME FI	RST	MIDDLE	l	AST	2a. DATE OF DEATH	MONTH DAY	YEAR	26. HOUR
1	2011.70		dward 1	Philip	Ko	lbe		1 21	85	12-
H	SEX		4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	MONTHS	DAYS	HOURS M
71	M	ale	White		6	05 1932	53	YRS		
5 5 A		RTHPLACE (STATE OR FOREIT	Th. CITIZEN O	F WHAT COUNT	TRY? 8	NEVER MARRIED	9. BALTIMORE CITY O		EATH	11-11-
E - 5		Maryland		S.A.	WIDOWE	D DIVORCED	Baltimore	City		
3 21	0 CI	Y OR TOWN OF DEATH				PR OTHER INSTITUTION	12a USUAL OCCUPATI	ON 12E	KIND OF	BUSINESS
THE P	-	ltimore				900 Caton Ave	Painter			nting
pe pe	USUA 13a) 6	L RESIDENCE (IF NURSING H TATE 136	OME OR OTHER INSTITUTION	130 CITY OR		13d INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE		
pluod sur		Md		Balt:	imore	YES 🔼 NO 🗌	13. STREET ADDRESS	n Ave	21	1223
F	4 FA	THER'S NAME	WIDDLE	LAST		15 MOTHER'S MAIDEN NAM	ME MIDDLE		LAST	
exe exe		William		K	olbe	Beatrice	Moore		Kidy	
9 , 1		'AS DECEASED EVER IN L	I.S. ARMED FORCES?	166 SOCIALS	SECURITY NO.	17 INFORMANT	ADDRE	SS		21223
Poge medic	{ 7	11770	Korean	216-28	8-8094	Evelyn DeLoi:	s Kolbe 425	East Ly	nn A	re.
the off		18 CAUSE OF DEATH (E								NATE INTERVAL
mov vent		PART I. DEATH WAS		/	Mull	cple Mo	reloma			
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on, o		Comittions if you wh		or as a conse	EQUENCE OF	EHYDRATI	140			
tro	No.	Conditions, if ony, who gove rise to immedia	ate 107_				547			
cren		couse (a), stating underlying cause to	the DUE TO, (	OR AS A CONSE	EQUENCE OF	YPER CALC	FMIA	_		
or or	00	SUBT O CTUE SUCCESS	10							
r to bu	CERTIFICATION	PART Z. OTHER SIGNIFIC	.ani conditions <u>c</u>	TONIKIROLING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN	PART I a	
prio y	CAT	190 DATE OF OPERATION	196 CON	DITION FOR WE	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WER	E FINDIN	GS USED
ows ene	THE						YES NO NO	YES [	CAUSES	NO [
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to a man	AL	OR CONTRIBUTING CAUSE	OFDEATH	P.M.	DAY YEAR	Physics N				
Ae or It	MEDICAL	21d. INJURY OCCURRED	21e PLACI	E OF INJURY		211 LOCATION	CITY OR TO		YINUC	STATE
ond	Ž	WHILE NOT WHILE	[AT HOME S	STREET, FACTORY, OF	FICE FARM ETC )	STREET	CITY OR TO	,	JUNIT	STATE
and the or		22a.1 certify that (1) (this	haspital) attended t	be deceased fro	om 4	1/20 1086	10 4/	10	36	hat (1) /wa) 1
H H S		saw the deceased o abave, (1) (we) (did) (	1/	01	0-1	nd that in (my) (aur) apinian o	death accurred an the do	ite and hour and	fram the c	auses stated
orton 2		22b. SIGNATURE 2	did not) view the bad	y after death.		DEGREE			2r. DATE/S	
F H		( dr	bachew	11/20	ita	A11) ATTENDING	MEDICAL STAI	FIN	4/2	1/01
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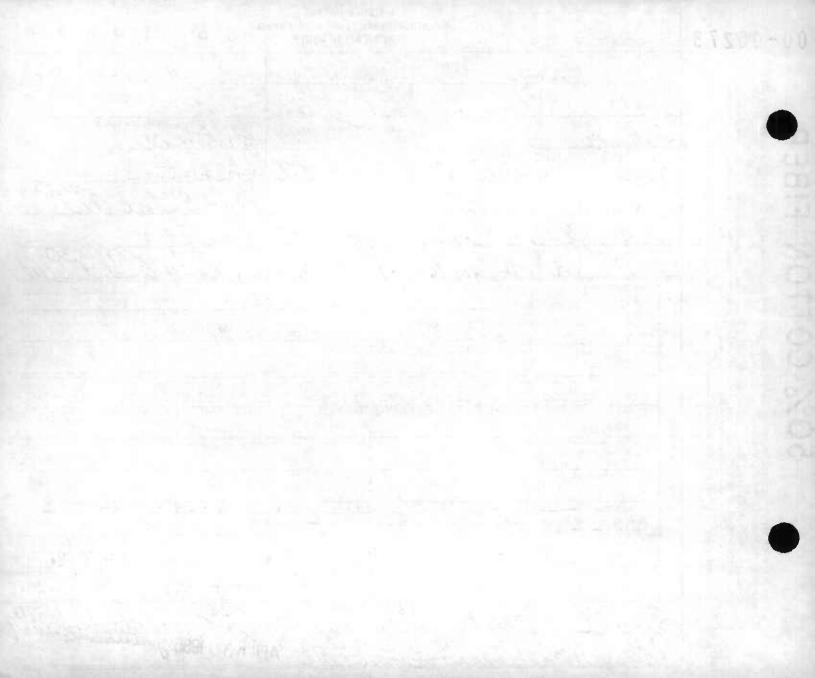
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T T T WHITE   NO! WHILE	b T o D WHORK I AT WORK I AT WORK	ATTENDING MEDICAL STAFF  PHYSICIAN'S NAME (TYPE OR PRINT)  Ramanather Sirithara, M.D. 3001 S. Hanover St., Baltimore 3	S cer burio Ment or Iter	(IF EITHER, NOTIFY MEDICAL EXAMINE)		21f. LOCATION		
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saw the deceased alive an	DEGREE  226 SIGNATOR  DEGREE  M.D. ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D		APO APO	Ramanather		A	The second secon	saltimore 2123

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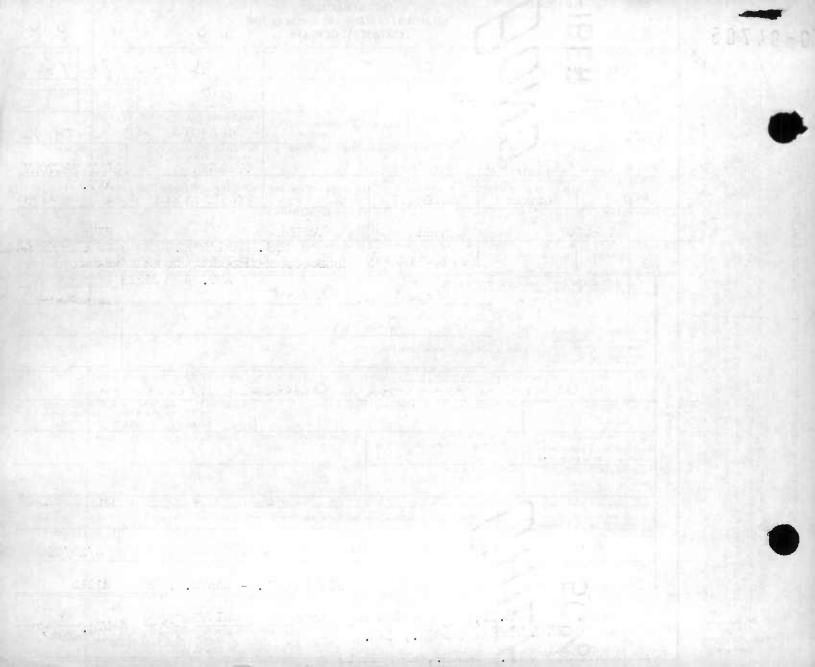
PART 2: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11:0 106 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO IT THE HOW INJURY OCCURRED. EXHIBIT HATURE OF PAULEY IN THEM HE PART I OR PART TO STATE and that in (my: Cour apinion death accurred on the date and hour and from the cause stated THE DATE SIGNE DWCKN 55408 Baltimore City, Maryland 4/10/86 Loudon Park Cem. Burial 24 FUNERAL DIRECTOR 25¢ DATE REC D. BY REGISTRARISS. REGISTRAR'S SIGNATURE Ambrose, Inc. 1328 Sulphur Sp. Rd which the party of the last

STATE OF MARYLAND

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DEPT OF STATE OF STAT	23u.	BURIAL CREMATION, REMOVA	23b. DATE APR. 21	,1986 BA	LT IMO	EMETERY OR CREMATORY	23d. LOCATION REISTERS	COUNTY	1215
DHMH - 16 50M 4/83 (VRA 15, 4)	24 F	UNERAL DIRECTOR SOL	LEVINSO	N & BROS.	, INC	25a. DAT	E REC'D. BY REGISTRAR	SHREGIOTRAS'S SIG	Shace MD



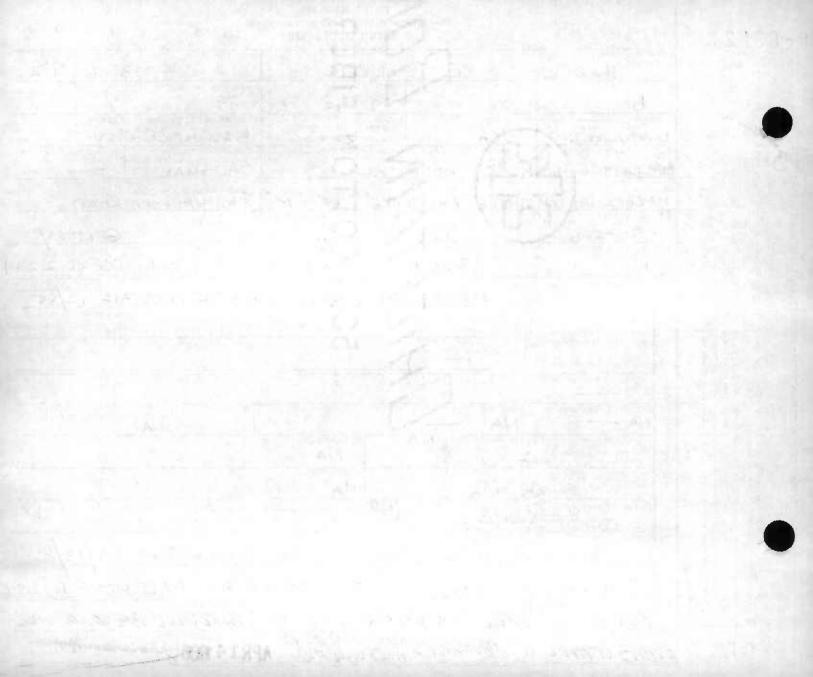
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Lorraine Park Cemetery

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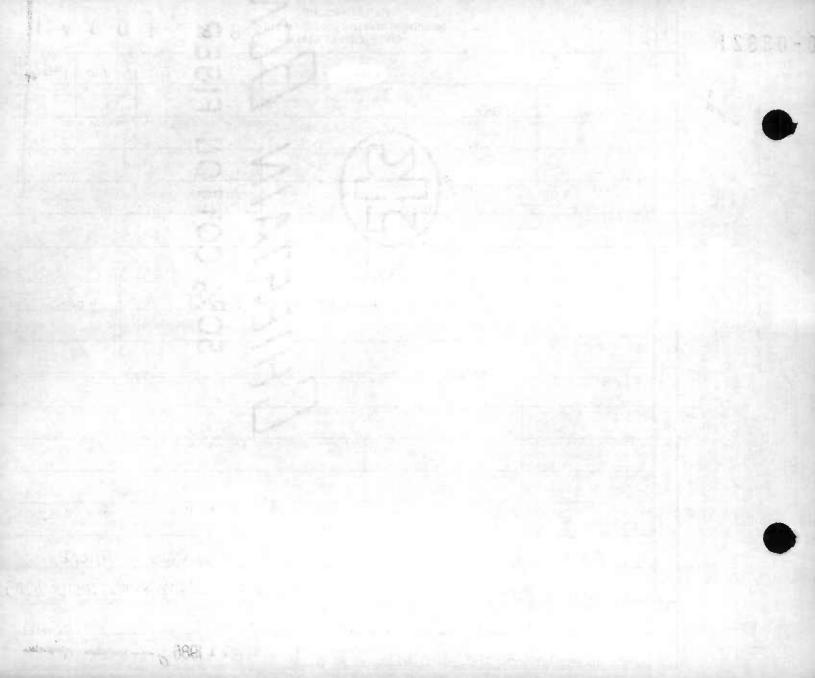
Burial

24 FUNERAL DIRECTOR LOTING BYETS FUNERAL DIRECTORS, Inc. 8728 Liberty Road Randallstown, Maryland 21133

4-24-86

250 DATE REC'D. BY REGISTRAR 25 REGISTRAR'S SIGNATURE

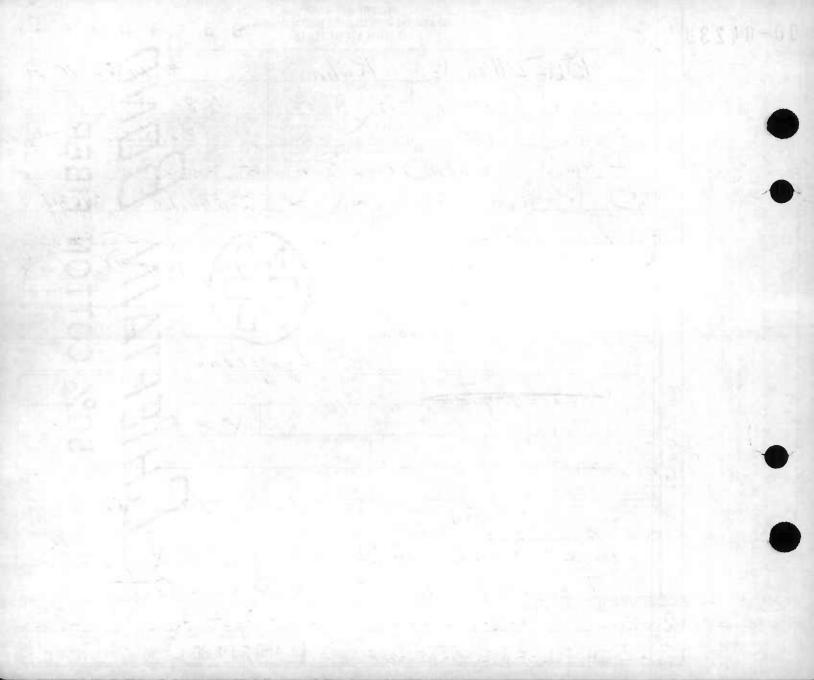
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(VRA 15, 4)

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



(VRA 15, 4)

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9	CERTIFICATION	19s DATE OF OPERATION	1% CONDITION FOR	WHICH OPERATION WAS PERF	ORMED	YES NO	70L IF YES, WER IN CERTIFYING YES	CAUSES OF D	USED DEATH?
9	MEDICAL CER	TIE. ACCIDENT WAS UNDERLYING ON CONTRIBUTING OF CAUSE OF DEALER STORE IN EXPORT MODES I FAMILIES OF DEALER STORE OF DEALER STORE OF THE ACCIDENCE OF THE ACCIDE	The HOUR A.M. MON P.M. The PLACE OF INJURY (AT HONE STREET FACTORS  TOIL attended the Revenue	OFFICE FARM FILE 211 LOCAT	19 86	cin or to	who control to the co	County	STATE  Th (we) lost, es, stated
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1	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	YGIENE 8 REG. NO.	1089
	CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONT	20 11001
LIAN	E OR PRINT)  VIRGIN	M ATI	LACY	4	28 86 /18
3.56		RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY	
150	Fomolo	T71- 2 4 -	MONTH DAY YEAR	-	MONTHS DAYS HOURS
	Female IRTHPLACE (STATE OR FOREIGN 77b.	White CITIZEN OF WHAT COUNTRY?	11/02/24		YRS DUNTY OF DEATH
	COUNTRY)		MARRIED NEVER MARRIED	X DALIMORE CITY OR CO	ONT OF BEATT
	ary land ITY OR TOWN OF DEATH 111	USA	WIDOWED DIVORCED ON OTHER INSTITUTION	BALTIMORE CIT	
The C	III OK IOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR	12b. KIND OF BUSINES INDUSTRY
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	AL RESIDENCE (IF E OR OTHE STATE	HER INSTITUTION GIVE RESIDENCE BEFOR		13e.STREET ADDRESS / ZIP	CODE
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9. F	ATHER'S NAME FIRST MID	DLE LAST	15 MOTHER'S MAIDEN N	IAME	
P	ryant Lacy	DEE LASI	Margaret	M. Matthews	LAST
lag.	WAS DECEASED EVER IN U.S. ARME			ADDRESS	
10.0	YES, NO OR UNKNOWN) (IF YES, GIVE W	(AR OR DATES) 216 38	3121 Man Manage	not M. Hautman	
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	PART I. DEATH WAS CAUSED B		A A	0 '1	BETWEEN ONSET AND I
	Conditions, if ony, which gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE	ENCE OF ENCE OF		
Z.	gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUI	tic disease	RMINAL DISEASE OR CONDITIO	ON GIVEN IN PART 110
CATION	gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUI (c)	tic disease	20a AUTOPSY? 20b.	. IF YES, WERE FINDINGS USED
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DHMH - 16 60M 7/84 (VRA 15, 4)

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250 DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATION OF THE PROPERTY OF THE

24 FUNERAL DIRECTOR
George J. Gonce 4001 Ritchfe Hgwy Balto Md

DHMH - 16 60M 7/84 (VRA 15, 4) omenio: Telegica X abonous

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FOR

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEAT

STATE

STATE

FDEATH	REG. NO.		
	20 DATE OF DEATH MONTH	DAY YEAR	26. HOUR
T 10 3 2 10	April 20, 1986		М
	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
, 19 14 <sup>£</sup>	71 <sub>YRS.</sub>	MONTHS DAYS	HOURS MIN.
R MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH	
DIVORCED [	Baltimore Cit	Ż.	MD
NSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LII  Ret Engineer	126. KIND C	nghouse
E CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE 990 Radcliffe	Rd. 21	.204
ER'S MAIDEN NAM		1 45	7
Florence	0.	Shunni	ng

Miss Mary R. Larson Same as #13e APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

ADDRESS

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RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

211 LOCATION CITY OR TOWN COUNTY

and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated

ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

4-24-86

Pot Spring Ridgely Roads Suite 116

23d LOCATION 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE Burial

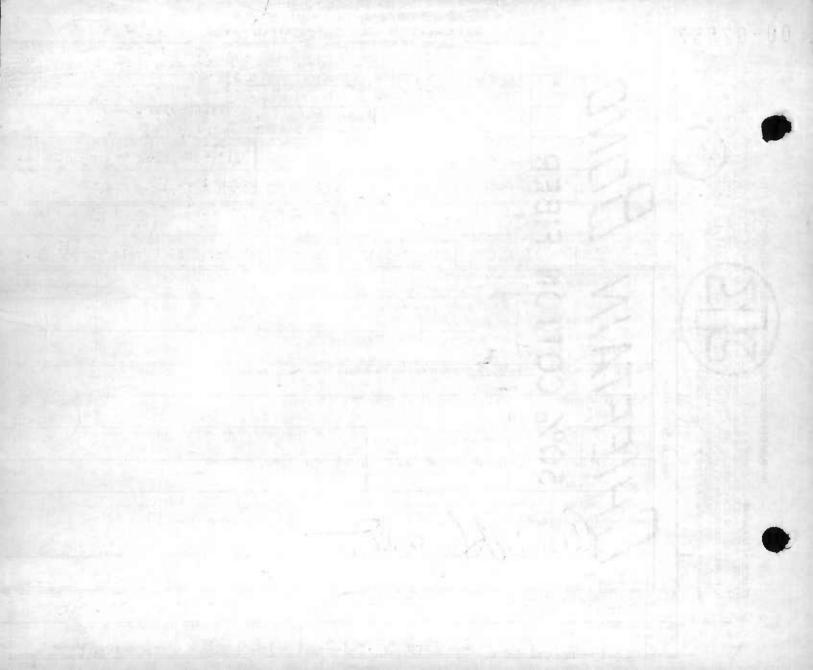
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Baltimore, Maryland 1050 York Road 250. Date REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR

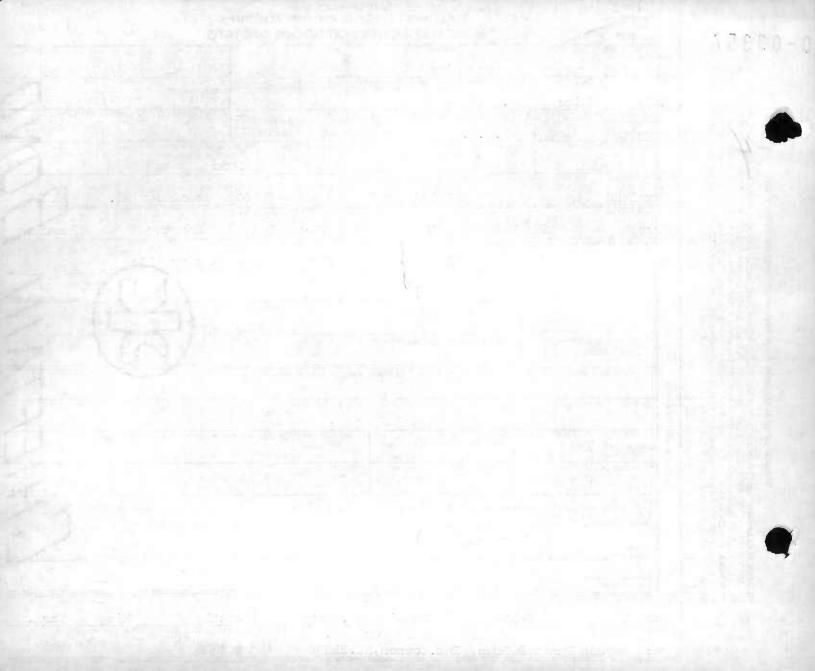
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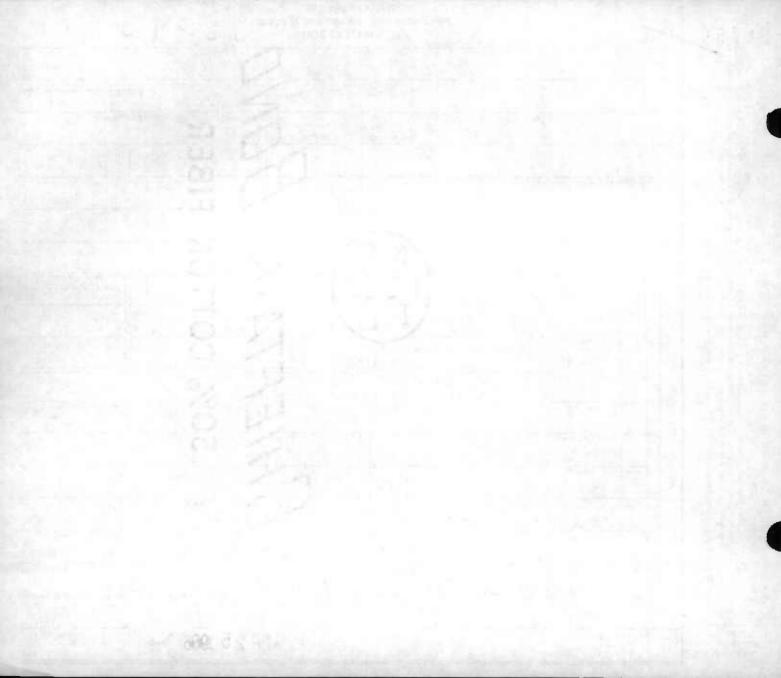
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	ALCESSARY, PLEASE GUNERAL DIRECTOR. 5 FOR YOUR FILES. WITHIN 72 HOURS M. PRESTON STREET,				U.S.A.			WIDOW		DIVORC	-	Do 1 to mare	0 0 1		
-	7/1/03 =		aryland TY OR TOWN C	DEDEATH	11. NAME OF HOSE	PITAL NILI	PSING HOM					Baltimor	e CITY	2b. KIND OF BI	ISINIESS
					(IF NOT IN SUCH FAC	ILITY, GIVE S	TREET ADDRESS)	., 🕠 ( ) ( )	EK II 451110	11014	FOR MI	OST OF WORKING LIFE)	LE OL MOKY	OR INDUST	
	No de la constante de la const		Baltin		Johns Ho						Nor	ne			
=	A. IF ANY OFLA 3. RETAIN PA 2 SHOULD BE AL RECORDS.	USU A 13a. S		IF IN NURSING HOME 13b. COUL	OR OTHER INSTITUTION, GIV		OR TOWN	ON)	13d. INSIDE CI	TV LIMITCO	In STOR	ET ADDRESS			13.4
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N N	FTER DEATH FORM PM GES 1 AND GES 1 A	160. V	VAS DECEASED ES, NO. OR UNKNOV	EVER IN U.S. AI	RMED FORCES?	16b. 500	CIAL SECURIT	Y NO.	17. INFORA	THAN		ADDRES	iS		
BALTIMORE, MD. 21201	S AFTER GIVE PA ITH FO PAGES IVISION	No				212-	08-129	4	Jose	ph La	u - 5	Same as #1	.3e		
	URS AFTER DE 8. GIVE PAGE WITH FORM IT. PAGES 1 A DIVISION OF		18. CAUSE OF	DEATH (Enter o	nly one couse per line	for (a). (b)	and (c)							APPROXIMAT	E INTERVAL
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E.C.	MEAL CR	CERTIFICATION	190 DATE OF	OPERATION	Trail continue										
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	P. P		22g. I certif	v that I taak char	rge of the remains desc	ribed abo	ive. held on	Autap	sv KI	Inspection		Inquiry . a	and in my opi	nion	
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	* SASE	-	(TYPE OR PRIN	Grec	ogry R. Kat	ıffma	n, M.D		ADDRESS_	11	1 Per	nn St.			
	TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND(2)	23a.Bl	JRIAL, CREMAT	ION, REMOVAL	236. DATE	23c. 1	NAME OF CE	METERY O	R CREMATO	DRY	23d. LOC	CATION			
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	DHMH - 17		NAME		ADDRESS		1050 Y		·u.		A A	1000	Karik	70	
	(VR A15 ME (5))	Rt	ick Tow	son Fune	eral Home,	Inc.	Towson	,Md.2	21204	APR	11	1986 June	vouv(dse/	-Navara	6





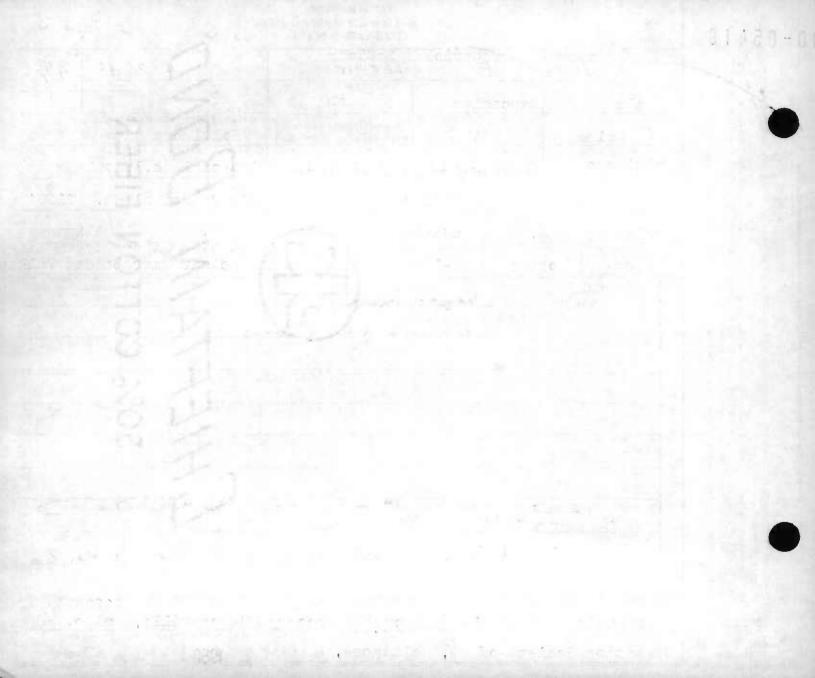
-02829		FOR STATE REGISTRAR		STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	REG, NO.	902
ω m ±		CEASED NAME FIRST OR PRINT)	WIDDLE	LAST	20. DATE OF DEATH MONTH DA	Y YEAR 26. HOUR
ay be ooge 3 deoth		ETHEL	М	LAWRENCE	APRIL 3, 1986	5:37 M
ctor. p	3. SE	ře	4. RACE B	5. Date Of BIRTH 1912		UNDER 1 YEAR IF UNDER 24 HRS
# # 83		RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHAT COUNTRY U.S.A.	7 8 MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED 🛣	9 BALTIMORE CITY OR COUNTY OF BALTIMORE CITY	PF DEATH MD.
113		TY OR TOWN OF DEATH LTIMORE	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Rosewood	12b KIND OF BUSINESS OR INDUSTRY  Hospital
(1)	13a. S	AL RESIDENCE (IF NURSING HOME O TATE 136 COU	ROTHER INSTITUTION GIVE RESIDENCE BEFORM  136. CITY OR TO  Balto.	ORE ADMISSION) WN 13d INSIDE CITY LIMITS? YES R NO	13e. STREET ADDRESS 2100 Ashburto	21216
1	14. FA	THER'S NAME FIRST Frank Lav	MIDDLE LAST	15. MOTHER'S MAIDEN NA FIRST  Jeanette	MIDDLE S	tewart
A 125. 9/	-0	VAS DECEASED EVER IN U.S. AF VES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 16b. SOCIAL SEC VE WAR OR DATES) 231 07	URITY NO. 17. INFORMANT  8398 Sallie Lo	ADDRESS	Biddle St.
Day of the party o		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSI	niy one couse per line for a). (b), o		poli	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IN THE SECTION OF THE SEC		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEO (b) TVO	isseaus lyn	arone	Zueers 3½ year
Then ph	NO	PART 2. OTHER SIGNIFICANT	conditions contributing to	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVE	N IN PART 110
CD of the second	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY? 206 IF YES, IN CERTIFY! YES NO YES	WERE FINDINGS USED ING CAUSES OF DEATH?
YSICIAN: ding physic Streetificol purial-tron Mentol Hys ir Item 18		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM IB PAR	T I OR PART 2)
Otten otten otten sthe ond	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	; FARM ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTENDIN pitol or series Att		22a.1 certify that this hosp	ottonical steed the deceased from		deoth occurred on the date and hour of	and from the couses stated
AL OR ATT the hospin (AL DIRECT) detoched to ote Dept. of		226. SIGNATURE	Telymny 1	DEGREE ATTENDING PHYSICIAN [	MEDICAL STAFF  DIRECTOR PHYSICIAN	274 DATE SIGNED 4-3-86
TO HOSPITAL retained by the TO FUNERAL should be determined with the State IMPORTANT: It		22d. PHYSICIAN'S NAME (TOPE	C. BENY	UNES JOHNS	Hopkins Ho:	spital
		urial, cremation, removal specify) Burial		NAME OF CEMETERY OR CREMATORY	23d LOCATION Suffolk	COUNTY Va. STATE
BP		burlal	4/9/86	Oakgrove	SULIOIK	va.

DHMH - 16 50M 1/B1 (VRA 15, 4)

4/9/86 Jas. A. Morton & Sons 1701s Laurens St.

APR 0.7 1986

1.0		FOR	DEDADT	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY	CIENE		n = 4
19		STATE REGISTRAR	DEFARI	CERTIFICATE OF DEATH	B O REG. NO	0.	0 0
	1. DEC	CEASED NAME James OR PRINT)  James	Frederick	Leclair Le clair	2a. DATE OF DEATH	MONTH DAY YEAR 4 30 84	26 HOUR 40 M
	3. SEX		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRT	MONTHS DAYS	HOURS MIN.
		Male	Caucasian	05 24 30	55	YRS.	
7		OUNTRY)  Maine	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED MORCED		ore City	MD
90		altimore	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE DEAFON HOSPITAL	NG HOME OR OTHER INSTITUTION T ADDRESS) H Medical CLNfer	120 USUAL OCCUPATION OF LINE POR MOSLO Financial		of Business or LEstate
must be	13a S	MD	OTHER INSTITUTION GIVE RESIDENCE BEFO NTY 130 CITY OR TON Balti	More YES X NO [	13e STREET ADDRESS / 504 Cath	zip CODE edral St.	21201
			LeClast LeClast	ir Kathlee	Me Middle	Sul	l'ivan
medical e	16a V	AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC		in 0494700RE		
Jan /	(,	Yes (IF YES, GIV	cean 005-26	-7688 James Kevi	in LeClair	Carrabass	set Val
been signed by the mit. Then please ren rrior to burial, crem my injury, or other than the mit.	TATION	cause (0), stating the underlying cause last.	DUE TO, OR AS A CONSEOU		AINIAI DISCASE OR CONI		
	ICATION	PART 2. OTHER SIGNIFICANT (		DEATH BUT NOT RELATED TO THE TERM	206 AUTOPSY?	206. IF YES, WERE FIND	INGS USED
suows any injury.	RTIFICATION	19a Date of Operation	196 CONDITION FOR WHICH	H OPERATION WAS PERFORMED	200 AUTOPSY? YES NO	206. IF YES, WERE FIND IN CERTIFYING CAUSE YES	INGS USED
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b Dept. of Health and Mental Rygrene prior to but if Item 21 is marked at Item 18 shows any injury.		19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED  WHILE NOT WHILE AT WORK  22a 1 certify that (1) (MIS hospi	21b. TIME OF INJURY HOUR A.M. MONTH E P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE)	PAR 19 216 HOW INJURY OCCUR 19 216 LOCATION STREET 217 August 19 218 LOCATION STREET 219 August 19 2	200 AUTOPSY? YES NO CITY OR TO: CITY OR TO: death accurred an the do	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES   RY IN ITEM 18 PART 1 OR PART 2)  WAN COUNTY  22c. DATI	STATE  , tho (II) (we) ost e causes stated
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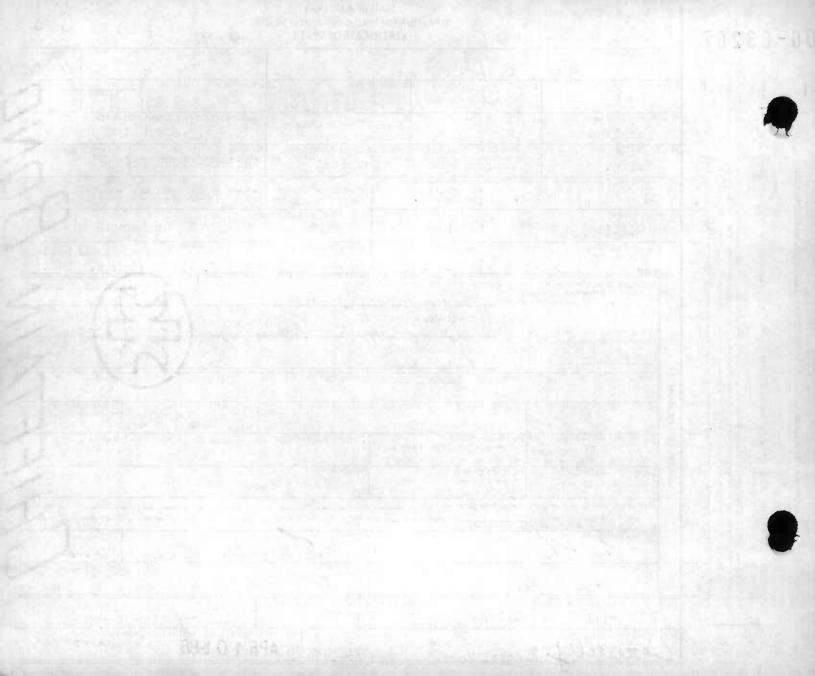
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J 11/1	52		REGISTRAR		CERTIFICATE OF DEATH	REG. NO	D.	
8.			CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR	R 2b. HOUR
be 3		1	Loretta	W.	Lessner	APRIL	5 84	6 5:50 AM
om od .		3. SE	X 4	RACE	5. DATE OF BIRTH  MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YE	
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fter of	of Hied	10 0	ITY OR TOWN OF DEATH	<ol> <li>NAME OF HOSPITAL, NUI (IF NOT IN SUCH FACILITY, GIVE ST</li> </ol>	RSING HOME OR OTHER INSTITUTION  REET ADDRESS)	12a USUAL OCCUPATE	ON 12b. KIN F WORKING LIFEL INDUST	D OF BUSINESS OR
by th		i			more General Hosp	sales lady-I	inwood Bak	ery
24 hour	a d	13a.	AL RESIDENCE (IF NURSING HOME OR O STATE 13b. COUNT	Y 13c. CITY OR T		13e.STREET ADDRESS	ZIP CODE	21224
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and o	edico	160	WAS DECEASED EVER IN U.S. ARM (YES, NO OR UNKNOWN) (IF YES, GIVE Y	WAR OR DATES)	ECURITY NO. 17 INFORMANT	ADDRE		L 21224
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sign	ro bu	Z	PART 2 OTHER SIGNIFICANT CC	PNDITIONS <u>CONTRIBUTING</u>	TO DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART	110
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Phy phy rtific	T I I		OR CONTRIBUTING CAUSE OF DEATH		DAY YEAR			
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thence this	ond	ME	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFF		CITY OR TO	WN COUNTY	STATE
Afte	morl		220.1 certify that (I) (this haspita	) attended the deceased fro	om March 31 1086	10 APRIL	- 5 10 86	, that (I) (we) lost
TEN ortol	of He		saw the deceosed alive an above, (I) (we) (did) (did nat)	APRIL 5	9 86 , and that in (my) (our) apinian	death accurred an the do	te and haur and fram	
R A Pospi	ept.		22h. SIGNATURE	view the body after death.	DEGREE		22c. DA	ATE SIGNED
the the	re D		Cott 2	Hoorly	MY) ATTENDING PHYSICIAN	MEDICAL STAF	FIAND 4	15/46
HOSPITAL ined by #	TAN	1	226 BHYSICIAN'S NAME (1191 OF	WIND	22e ADDRESS		1.7	
O HO etoined	MPORTANT:		Scott E G	ODDFRIEND	MO 3001 5	HANOVER	St Bal	Timeso
5 to 5 to	5 3 <u>₹</u>	23a.	BURIAL, CREMATION, REMOVAL	23b DATE	23c NAME OF CEMETERY OR CREMATORY	23d LOCATION		
BP			"Burial	4-8-86	Gardens of Faith	Ba'lto"	Balto.	siMd.
DHMH - 16	60M 7/B4		UNERAL DIRECTOR			E REC'D. BY REGISTRAR	256. REGISTRAR'S SIGN	VATURE
/VRA 1		Jo	ohn C. Miller INC	. 6415 Belair	Rd.	MPRA LINO		

DH/ (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 00-02562x CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20. DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) MaRHE 86 3. SEX 5 DATE OF BIRTH 6 AGE LIN YEARS LAST BIRTHDAY IF UNDER LYFAR YEAR DAY FEMALE 25 TO BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH MARRIED A MER BALTIMORE CITY DIVORCED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR WORK FOR MOST OF WORLING LIFE LIAL RESIDENCE (IF NURSING H 13a. STATE NINCOUNTY 13d. INSIDE CUPY LIMITS? 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MUSIK Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO [ 71n ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJUN IN ITEM 18 PART | OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE AT WORK 220.1 certify that (1) (this haspital) oftended the deceased from 19 82 saw the deceased of and that in (my) (aur) apinian death accurred and the date and haur and fram the causes stated 72h SIGNATUR DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e. ADDRESS 230. BURIAL REMATION REMOVAL 231 NAME OF CEMETERY OR CREMATORY DHMH - 16 50M 1/B1 (VRA 15, 4)

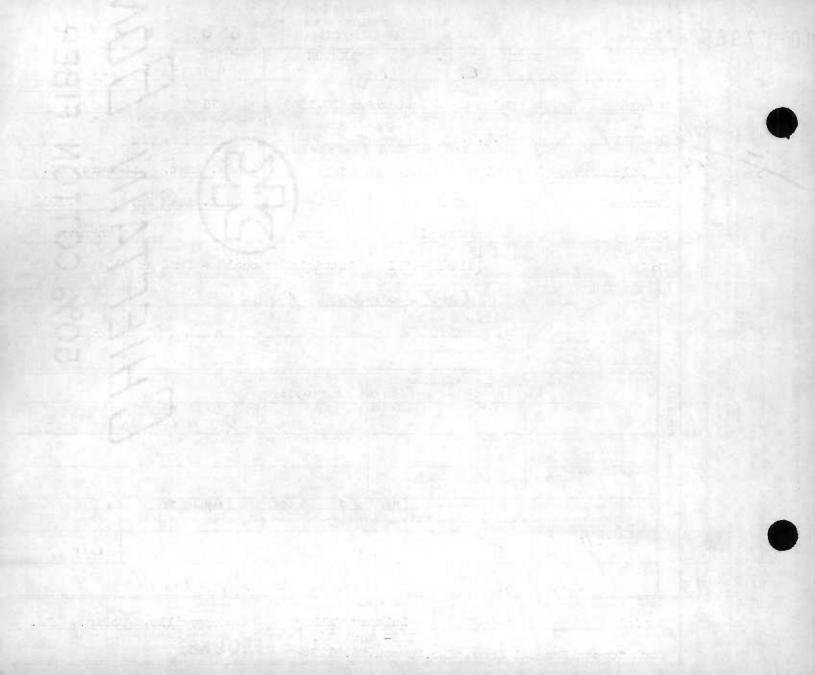
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, 0	ay be			CEASED NAME FIRST John	MIDDLE	- 1	in in	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	ge 4 may ectar, po us after o		3 SE	male	Oriental	5. DATE O		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
	death. Fa uneral dir	at ance.		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT CO	MARRIE		Battimore city or cou	City MD.
201	s offer of the followith	100	1	altimore	University	GIVE STREET ADDRESS)  Mary	and Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING) (TYPE OF WORK FOR MOST OF WORKING)	ng LIFE) INDUSTRY  aurant Owner
X AND 21	A	16	13%		NTY 13c. CITY	OR TOWN	13d INSIDE CITY LIMITS? YES NO  15 MOTHER'S MAIDEN NA	130 STREET ADDRESS / ZIP C	3 St 2/218
MARK	13	do:		THE S NAME FIRST YOU	Yen	Lin	unknown	MIDDLE	Kwok
TIMORE	be and	e medice	1	VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GIT Army	VE WAR OR DATES)	22-4641	Ngan Ying	Lin (1206 E. 33:	
ST., BAI	g physicion	event, th		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA	nly ane cause per line far ( ED BY: TE CAUSE (a) <u>CG Cd</u>		est-		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
V. PRESTON ST	the death of the attending the attending remave cark remation, ar	her traumatic		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CO	tine hen	norrhage	2 5	
RDS, 201 V	equires that n signed by Then please ta burial, a	njury, ar at	NO			TING TO DEATH BUT		NINAL DISEASE OR CONDITION	GIVEN IN PART I I a
DIVISION OF VITAL RECORDS	he law rian. has bee	SW 7	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FO	R WHICH OPERATIO	n was performed	20a AUTOPSY? 20b. II YES NO NO	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO
I OF VIT	PHYSICIAN Ti ending physicis this certificate te burial-transit ad Mental Hvai	ltem 18 st		21a. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DE.	HOUR A.M. MO	NTH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEA	LIS PART I OR PART 2)
DIVISION	NG PHYSIC attending free this cert as the burial than Ment	arked or	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJUR (AT HOME, STREET, FACTO		21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
	R ATTENDII hospital or RECTOR: A red for use	n 21 is m		22a I certify that (1) (this hasp saw the deceased alive ar abave (1) web (10) did as	april 6	19 86 , a		death accurred on the date and	haur and fram the couses stated
	ITAL OI by the RAL DI detack	TN =		22b. SIGNATURE	M. Jan	ming.	DEGREE  ATTENDING PHYSICIAN [ 122e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
	TO HOSPI retained b TO FUNE should be with the Si	IMPORTANT		Kathleen	m. Fanni		22 S. G-1	reene st C	Baltimore MD
	BP			BURIAL, CREMATION, REMOVAL  SPECIFY)  Burial  UNERAL DIRECTOR	Apr 14 198		emetery or crematory anie Park	23d LOCATION CITY OR TOWN Baltimore	
	DHMH - 16 60A (VRA 15,			eonard J. Ruck	, Inc. Balt	imore, Ma		PRO9 1986	GISTRAR'S SIGNATURE

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							E OF MARYLAND				
0-0296	9	1-	FOR STATE REGISTRAR		DEPAR		ICATE OF DEATH	IENE & S	D.	0 9	
. m £			CEASED NAME FIRST	MARIE	E.		LINTON	20 DATE OF DEATH	MONTH E	AY YEAR	2b HOUR
nay be page 3			M	larie	E,	Len	ton	April	5	1986	8:35 A
L . 0		3. SE	(	4 RACE		5. DATE		6 AGE (IN YEARS LAST BIR	(HDAY)	IF UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
ge 4		F	emale	Whit	е		ber 30,1909	76	YRS		I I I I I I I I I I I I I I I I I I I
Po dir	91/		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	? 8	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY	OF DEATH	
nero n 72	8-H	1	elaware	U.S	.A.	WIDOW		Baltimo	re Cit	v	MI
p 24	9/11	10. C	TY OR TOWN OF DEATH		HOSPITAL, NURS		OR OTHER INSTITUTION	120 USUAL OCCUPATI	ON	12b. KIND O	F BUSINESS OF
5	\$4		Baltimore		on Memor		spital	Adm. Ass			h Co.
	3	USU.	AL RESIDENCE (IF NURSING HOME) TATE 13b, CC	OR OTHER INSTITUTION	GIVE RESIDENCE BEFO	RE ADMISSION		La CTOSST ADDOSSS	710 0005		
ND 24 24 ould	習り		aryland	JUNIT	Baltimo		13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / 908 E. 36			21218
YLA ithin	ine.		THER'S NAME				15 MOTHER'S MAIDEN NAM	AE			
d wil	50	т.	ohn	MIDDLE	Conne1	1	Dora	MIDDLE		Unkn	ดพท
E, A	0	_	VAS DECEASED EVER IN U.S.	ARMED FORCES?	16b SOCIAL SEC		17 INFORMANT	ADDRE	SS	011111	
BALTIMORE, MARYLAND rote be executed within 24 systicion and fampletely fille ppers. Page 1 and 2 should val.	medica			GIVE WAR OR DATES)	214-14-	2511	Patricia Mc	Donald - Sa	me as	#130	
e be be ers. F	hen	N					Tacricia no	bonara ba	iic as		MATE INTERVAL
ritrote physic physic movel.	nt,		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	JSED BY:	C 1.	1	IA.	+		BETWEEN	NSET AND DEATH
20 00 00	e v		IMMED	IATE CAUSE (a)	Cardi	opula	ronary Arr	e51			
on the confirmation of the	notic		THE PERSON NAMED IN	DUE TO, C	R AS A CONSEQ	UENCE OF				1	
deo deo otte	200		Conditions, if ony, which gave rise to immediate	(b)_							
W. PRESTON of the death of the ottendin se remove carb cremation, or	- i		couse (o), stoting the	DUE TO, C	R AS A CONSEO	UENCE OF					
- 4 DO.	10	-	underlying couse lost.	(= 10)							200
	۳.	_	PART 2. OTHER SIGNIFICAN	T CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIV	EN IN PART 1	5
RDs en si The	<u>-</u>	ō		Large	Left	Pleur	al Effusion				
DIVISION OF VITAL RECORDS,  NG PHYSICIAN: The law requir rottending physician. After this certificate has been sign as the buriol-tronsip permit. Then th and Mental Hygiene prior to b	ou )	CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?		, WERE FINDIN	
ALR on. hos	Swo	III						YES NO	YES		NO [
VITA AN: Th hysicic ficate transit Hygie	80	Ü	210. ACCIDENT WAS UNDERLYING	110110	OF INJURY .M. MONTH I	DAY VEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM IB P	ART 1 OR PART 2)	
SICIA ng ph certificial-tricol-tri	E	A	OR CONTRIBUTING CAUSE OF	DEATH	.M.	19					
HYS nding Sur Sur	± 1	MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY		211 LOCATION	CITY OR TO	MA/IN.I	COUNTY	STATE
VISI G P offer offer one	ked	Z	WHILE NOT WHILE	(AT HOME ST	REET FACTORY, OFFICE	, FARM ETC )	2(KEE)	CITORIO	W14	(00141)	SIAIL
O o d a o o	E		22a I certify that (I) (this ha	ispital) attended th	ne deceased from	Apri	1 5 19 86	to April	5	986	that (1) (we) las
TIEN TOR for or	21 is		sow the deceased alive	on April S		86 .0	nd that in (my) (our) opinion o	death occurred on the de	te and hour	and from the	couses stated
OR ATT biRECT biRECT	E		obove, (I) (we) (did) (did 22b. SIGNATURE	not) view the body	offer deoth.	- CA	DEGREE			22c. DATE	SIGNED
the of the contract of the con	=		MANA	echo ST		٨	ATTENDING PHYSICIAN	MEDICAL STAF		4/	5/86
PITA by ERA Stot	Z-		174 PHYSICIAN S NOME IN	PE OF PRINT)		,	22e ADDRESS	DIRECTOR PHYSIC	IAN (AU	1 4	700
HOSPITAL Inned by the FUNERAL Invold be deto	MPORTANT		// John	PC	1. 1		11 100	morial 14	os pita	. /	
TO Hi	¥ 1	22- 0	UDIAL COEMATION STITE		emitsos	NIAME OF	1	123d LOCATION	09 0110		
0.0		1	URIAL, CREMATION, REMOV				EMETERY OR CREMATORY	CITY OR TOWN		COUNTY	STATE
BP	- 11	$\overline{}$	urial	4-8-	-86		ney Valley	Cockeysvi			
DHMH - 16 60M			JNERAL DIRECTOR		ADDRESS		TOTICE TOTAL	PRO91986		PAR'S SIGNAT	
(VRA 15, 4)		F	tuck Towson Fu	neral Hor	ne, Inc.	lowson	,Md.21204	11 10 9 1900	0	- new Suppliers	



	FOR	D.	STATE OF MARY			4 64
0-03690	- STATE REGISTRAR		PARTMENT OF HEALTH AN CERTIFICATE O	A	NO. 9	1 4-
4 0.9	1. DECEASED NAME ARBA	RA Ellen	LINTZ	20. DATE OF DEATH April	MONTH DAY YEAR L 12, 1986	26 HOUR
ge 4 mo	FEMALE	4. RACE White	5. DATE OF BIRTH MONTH DAY	6. AGE (IN YEARS LAST	BIRTHDAY) IF UNDER 1 YEA MONTHS DAYS	R IF UNDER 24 HRS. S HOURS MIN.
Power of the Power	70. BIRTHPLACE (STATE OR FOREIG	76. CITIZEN OF WHAT COL	MARRIED NEVE	R MARRIED . 9 BALTIMORE CITY DIVORCED . Baltimore	OR COUNTY OF DEATH	MD.
The state of the s	Baltimore	(IF NOT IN SUCH FACILITY, GI	NURSING HOME OR OTHER IN	NSTITUTION 12a USUAL OCCUPA (TYPE OF WORK FOR MOS	ATION 12b. KIND of of working life) INDUSTR'	OF BUSINESS OR
	BUAL RESIDENCE (IF NURSING HO	OM OR OTHER INSTITUTION GIVE RESIDEN OUNTY 134. CITY (		E CITY LIMITS? 13e. STREET ADDRES		21222
d without a service	14 FATHER'S NAME FIRST		AST 15. MOTHE	er's MAIDEN NAME FIRST AIDPLE TI.	ı	AST Stman
MORE, A	Mr.	S. ARMED FORCES? 166 SOCIA	AL SECURITY NO. 17 INFOR		Same as 1:	
BALTIA control or dependent	18 CAUSE OF DEATH (En	ter only one cause per line for (a)	(b), and (c)	IV Stage "	APPRO BETWEE	DXIMATE INTERVAL N ONSET AND DEATH
DS, 201 W. PRESTON ST quives that the death cert signed by the attending it has please remove collibol to boriol, cremotion, or rem jury, or other traumatic ex-	Conditions, if ony, whingove rise to immedia cause (a), stating the underlying cause la	the tee Due TO, OR AS A COI	& Dementia NSEQUENCE OF			110
AL RECOR	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION WAS PER	FORMED 200 AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	
icias, 1	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE  (IF EITHER NOTIFY MEDICAL EX.	OF DEATH HOUR A.M. MON	TH DAY YEAR	INJURY OCCURRED (ENTER NATURE OF IN	JURY IN ITEM 18 PART 1 OR PART 2)	1.30
DIVISION NG PHYS affecting the conference of the burn th or the dead Miles	THE EITHER NOTIFY MEDICAL EX.  21d. INJURY OCCURRED  WHILE NOTWHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE FARM, ETC.)  21f. LOCA STR	TION REET CITY OR	TOWN COUNTY	STATE
TTENDIA priol or CTOE. A for use of of Healt	saw the deceased ali	haspital attended the deceased ve an additional view the bady after death	19 8 6 and that in (n	ny) (our) opinion death occurred on the	date and hour and from th	
TAL OR A y the box deteched deteched	22b/SIGNATURE Aulali · 1	4. Shah	DEGREE ND-	PHYSICIAN DIRECTOR PHYS	AFF 21	13/86.
O HOSPITA TO FUNERA TO FUNERA THE Stort THE ST		4B.m.St		5. N. Claresst	- BACTIMUS	5 21218
ВР	230 BURIAL, CREMATION, REMO (SPECIFY)  Entombment	23b. DATE 4/15/1986	23c. NAME OF CEMETERY O	R CREMATORY 23d LOCATION CITY OR TOWN Baltimo	county	Maryland
DHMH - 16 50M 1/B1 (VRA 15, 4)	7922 Wise Aver	-Ruck, Inc.	Maryland 212	256. DATE REC'D. BY REGISTRA 22 APR 1 5 1986	AR 256, REGISTRAR'S SIGNA	

A See I and wheeler Proposition to make the The same of the sa 41355 Add Corner Stoke -0.N THE COURTS OF SHAME SILE IN SHORT SHOWED AND

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84 (VRA 15, 4) STATE OF MARYLAND

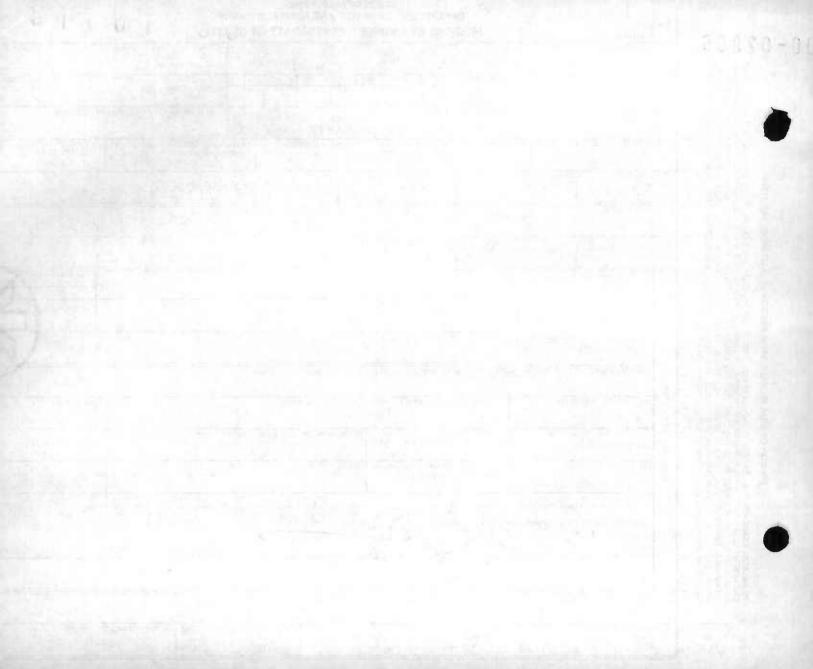
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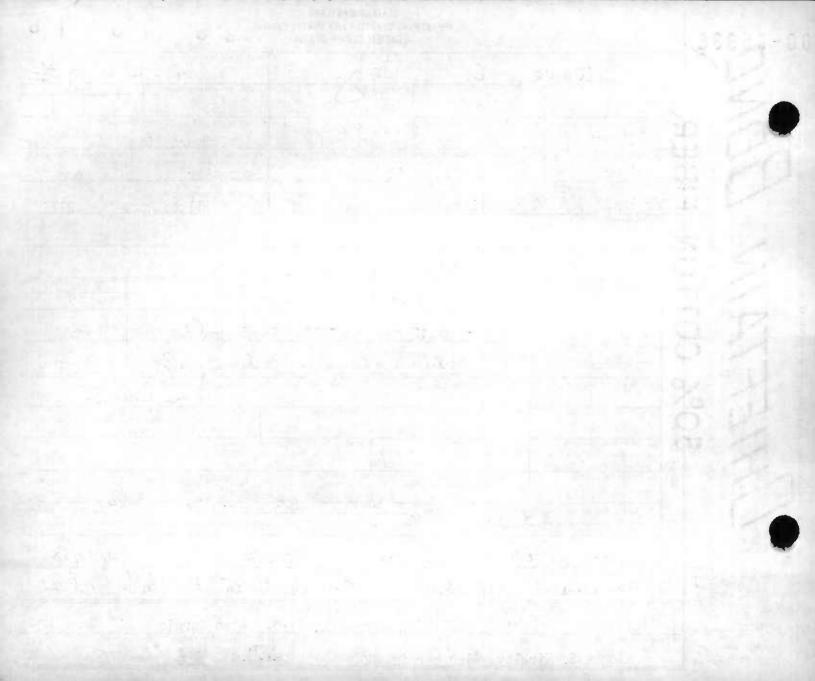
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0 051512	1-	FOR STATE				MENT OF						10	9		5-
0-05451	1	REGISTRAR  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  DECEASED NAME  FIRST  MIDDLE  LAST  10. DATE KNOW									EG. NO.		YEAR	Izb. HOUR	
		OR PRINT)									OF EST	II- 🔛	20	0.0	
PLEASE ECTOR. FILES. HOURS	3. SEX	14.0	FLOR	ENCE 5. DATE OF BIRTH							EATH MAT	ED 4		19 86	26. HOUR
RY, PLEASE DIRECTOR. UR FILES. 72 HOURS	3. SEA			MONTH DAY	YEAR	LAST BIRTHO					DATE				11.15
\$4050			hite	10 4	19	66 YF	RS.				DEAD	4	30	19 86	Рм
神経の	7a. BI	RTHPLACE (STATE REIGN COUNTRY) W York	OR .	76 CITIZEN OF WH	AI COUN	TRY?			VER MARRIE	D 36		CITY OR COU		PEATH	
题"爱 /	× .			U.S.			WIDOV		DIVORCE			ore City		10 05 0	MD.
SERE	IB CI	TY OR TOWN OF	DEATH	11. NAME OF HOSE (IF NOT IN SUCH FAC	LILITY, GIVE ST	RSING HOME (REET ADDRESS)	, OR OTH	IER INSTITUT	TION		OF WORKING L	ON (TYPE OF WORK	OF	ND OF BU R INDUSTI	
BB P TO A		Baltimor		St. Agn	es Ho	spital				Music	cian				
MD. 21201  1. IF ANY DELAY IS TO THE STAND PROFE STAND TO THE STAND PAGE STAND BE FILED ALL RECORDS, (20)	13a S		IN COUNT	R OTHER INSTITUTION, GIV TY Ward	13c. CITY	OR TOWN	ON)	13d. INSIDE CI		13e STREET A		Avenue	21	12	7
N H S	14. FA	THER'S NAME		MIDOLE		LAST		15. MOTHE	R'S MAIDEN		MIDDLE			LAST	
DEATH.	J	ohn		J. Loftus Miriam							MIDDLE		Enge		
TIMOI TIER D E PAG FIND	16a-V	AS DECEASED EV	ER IN U.S. ARA	AED FORCES?	16b. SOC	IAL SECURIT	/ NO.	17. INFORM	AANT			DRESS			
BALTIMA S.S. AFTER GIVE PA TITH FOR IVEGON		NO, OR UNKNOWN)	(IF TES, GIVE V	WAR OR DATES	068-	16-432	5	Josep	h Lof	tus		Garfiel	.d St	330	21
S. G. S. G. DIKS		18. CAUSE OF D	EATH (Enter onl	y one couse per line	for (a), (b)	, and (c).)					Holly	wood, I	1.0 . A	PPROXIMATE	
OF VITAL RECORDS, 201 W. PRESTON ST., ATE SHOULD BE EXECUTED WITHIN 24 HOUE E WORD "PENDING" IN PENCIL IN ITEM 18, THE CHIEF MEDICAL EXAMINER ALONG W ID BE USED AS A BURIAL - IRANSIT PERMIT. MENI, OF HEALTH AND MENTAL HYGENE, TO BURIAL, CREMATION, OR REMOVAL.		PART I DEATH	H WAS CAUSED	BY: E CAUSE (a) Ar	terio	sclero	otic	cardi	ovascu	lar d	isease	2	BEIN	WEEN ONSE	AND DEATH
ESTON SI IN 24 HO IN ITEM I ALONG SIT PERM HYGIENE MOVAL.			MWEDIAI	DUE TO, OR											
WITHIN WITHIN NCIL IN NCIL IN NCIL IN NCIL IN NCIL IN NATE IN			if any, which to immediate	(b)											
W. MENNING		cause (a) sta	ting the under-	DUE TO, OR	AS A CON	SEQUENCE (	OF								
NA PARA		lying cause li	ast.	(c)											
EXECUTED NG" IN PERCONTED NG" IN PERCONTED NG" IN PERCONTED NG		PART 2 OTHER SIGNIFI	ICANT CONDITIONS C	ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to											
RECORDS  LD BE EXE  NEDICA  MEDICA  AS A BL  HEATTH AT  CREMA  CREMA	8														
PEN MEN	CERTIFICATION	19a. DATE OF OP	ERATION	19b. CONDIT	ION FOR	WHICH OPER	ATION V	AS PERFOR	MED?				20 /	AUTOPSY?	>
SHOULD OND "PE CHIEF N E USED A LE USED A URIAL, ORIAL, OR	E			NAME OF BRIDE	4.									YES 🗆	NO 🔀
BIVISION OF VITAL SCRIFICATE SHOU RED TO THE CHIEF RES SHOULD BE USE PROPERTINELL OF 101 PRIOR TO BURIAL	1 1	210 EXTERNAL C	AUSE WAS	21b. TIME OF	INJURY		21c. H	OW INJURY	OCCURRED	(ENTER NATUR	E OF INJURY IN	ITEM 18 PART 1 OR			
S STATE OF S	¥ V	UNDERLYING CONTRIBUTING	OR CAUSE OF D	HOUR A.M.	MONTH	DAY YEAR									
ISIO DE SERVICE SERVIC	MEDICAL	21d INJURY OCC	URRED	21e. PLACE C		(AT HOME,		CATION							
13445E	W	WHILE NAT WORK	T WORK	STREET, FACT	ORY, FARM, ET	rc.)		STREET			Y OR TOWN	(	COUNTY		STATE
HER: THI FORWA OR: PA( ND, 21)		22a I certify th	nat Heak charge	e of the remains dep	ribed obo	ve, held an	Autop	sy 🔲,	Inspection	X, In	quiry .	ond in my	opinion		
EXAMINE CERTIFICA JUD BE FO DIRECTOR WITH THE		death resulted	rapt: Nature	al causes	Accident	La, sa	cide	, Hamic	ide .	Undetermin	ned monner	□.			
AN WELL		ACTUAL	(100 p	201 XX	/	12/	11,	TITLETS	PECIFY)			0.17			
ZHE STATE	No. of Lot	SIGNATURE	sacre	ex /V)	me	1 1/10	410	Assi	stant	MEDICAL	EXAMINER	DAT SIGI	VED 5	-1-86	>
AMEDIC CCUTE GG 4 G FUNE FIRE DE		EXAMINER'S NA (TYPE OR PRINT)	ME Denn	is F. Smy	thul	M.D.		ADDRESS_	111 F	enn S	t., Ba	alto.,	MD 2	21201	
5 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	23a. B	JRIAL, CREMATIO	N, REMOVAL 2			AME OF CE				23d. LOCAT	WN		YTHUC	ST	ATE
8P		Cremati	Lon N	May1,1986	W	estvie	w Mei	norial	Park	Caton	svill			Mary]	Land
DHMH - 17	24. FI	INERAL DIRECTO	RHarry H	H Witzkess	Fam	fly En	nera	Home	250. DATE RE			L REGISTRAR'S	SIGNAT	UPE	100
(VR A15 ME (5))	V	Inc. 4112	Old Col	l Witzkess	ce EE	Ilicot	t CI	Ey	MAY	2	986	Fedia Davi	#101V-	1	

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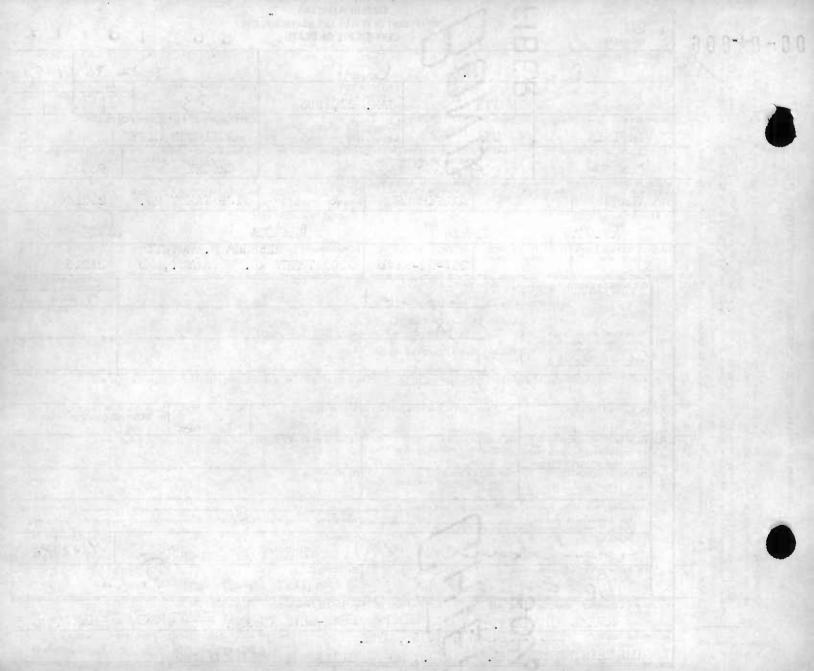
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								ARYLAN							-8
		FOR STATE				MENT OF						1	0	9	2
	G1151555	REGISTRAR	FIRST	M		EXAMIN	ER'S	ERTIFIC	CATEO	of DE		REG. NO.	9		
_		CORPRINT)			WIDDLE			LAST			2a. DATE KN OF E	STI-	HTMON	DAY YEA	2b. HOUR
I	a cry	T4 RAI	LEON	L DAVE OF BIOT	W.	6. AGE (IN YE.		GAN IDER 1 YR.	Lesinings	0.11100	DEATH M.			2 19 8	36 /
ľ	I SEX	1.80	В	5. DATE OF BIRT	Y YEAR	LAST BIRTHO	Y) MONT		IF UNDER	MIN.	PRONOUNCE		ONTH		10.5
17		RTHPLACE   STATE OR	Б	8 1		41 Y	S.			V	9 BALTIMOR	E CITY OR C	4 2		
-	ΜÅ	RYLAND		U	.S.A.		WIDOW		DIVORC	ED 🗆	Baltin	nore Ci	ity		M
The section is		TY OR TOWN OF DE Caltimore	ATH	11. NAME OF HO	FACILITY, GIVE	STREET ADDRESS)		ER INSTITU	TION	FOR	UAL OCCUPAT MOST OF WORKING J/A	TON (TYPE OF	WORK 12	OR INDU	BUSINESS
4	USUA	L RESIDENCE HEINN		R OTHER INSTITUTION,	GIVE RESIDENC	E BEFORE ADMISSI	(NC	har meas e	1911 4 444 111 5 0		-				
	MA	RYLAND	13b COUNT	11	BA	LTIMO	RE	YES X	NO [	84	BEET ADDRESS HIL	LMAN	CT.	2120	02
1		THER'S NAME		WIDDLE		LAST			ER'S MAIDE					LAST	
		USSELL				KSON		M:	INNI	E			L	OGAN	
	16a. V	VAS DECEASED EVEL		MED FORCES? WAR OR DATES)		CIAL SECURIT		17. INFORA				ADDŖESS			
	IN	0			213-34-3465   MINNIE LOGAN 1222						2 YOU	NG (		21202	
	NOI	Conditions, if gove rise to couse (a) stotin lying cause lost	immediate g the <u>under</u>	(c)	Land	NSEQUENCE (		E OR CONDITION	N GIVEN IN PA	RT I a					
	CERTIFICATION	19a. DATE OF OPER	ATION	19b. CON	DITION FOR	WHICH OPER	ATION W	'AS PERFOR	MED?					20. AUTOP	
7		210 EXTERNAL CAL UNDERLYING CONTRIBUTING	OR CAUSE OF D	HOUR A	OF INJURY .M. MONTH .M.	19	21c. H	OW INJURY	OCCURRE	D (ENTER	HATURE OF INJURY	IN ITEM 18 PART	1 OR PART	YES (5	NO 🗆
	MEDICAL	216 INJURY OCCUI	RRED WHILE C		E OF INJURY ACTORY, FARM,			CATION			CITY OR TOWN		COUN	ΤY	STATE
	23a.BI	220. I certify that death resulted fro ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) JRIAL, CREMATION,	Natur Della Denn	3h. DATE	recident	M.D.		Hamic TITLE (S DASSIS	stant 111	Peni	Inquiry Extermined manner of the standard man	BAlto.	DATE SIGNED.	4-3- D 212	
		JNERAL DIRECTOR		4-9-86		EASTV	IEW		250 DATE		ALTIMO			ARYI	AND
		I.C.MARCI	H F/H	INC. 1	101	E.NORT	'A H'				8 1986	ZJU. REGISTR	100	en-Aen	della





					STATE	OF MARYLAND					
ALTERNATION OF THE REAL PROPERTY.	1.	FOR STATE		DEPAI		EALTH AND MENTAL HYG	SIENE	1	0 0	17	
00-04-806		REGISTRAR			CERTIFI	CATE OF DEATH	S REG. NO	).	0 ,		
		CEASED NAME FIRST		MIDDLE	L	ist	20. DATE OF DEATH	MONTH DA	AY YEAR	26 HOUR	
moy be page 3	line	Doroth	. 1	Μ.	Los	re-H		7 55	L 86	11:15 pm	
	3. SE)		4 RACE		S. DATE O		6 AGE (IN YEARS LAST BIRT		FUNDER TYEAR	IF UNDER 24 HRS	
Page 4		famile	WHITE		JÂN.	27,1903 YEAR	83	YRS.		MIN.	
		RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF	WHAT COUNTR	XY? 8	NEVER MARRIED	9. BALTIMORE CITY OF	COUNTY	OF DEATH		
deoth.		VIRGINIA	USA		WIDOWE	DIVORCED [	BALTIMORE	CITY		MD.	
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e death ce attendin nove corb atian, ar		Canditions, if any, which	(b)_	1 0 0	ostatic	Colon Cance	6	705			
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ORDS, requir	TION										
TAL RECC	CERTIFICATION	190. DATE OF OPERATION	196. COND	ITION FOR WH	ICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	NGS USED S OF DEATH? NO			
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PHYSICIA ending pt this certiful of Mental dar Item	MEDICAL	(# EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	21e, PLACE	M.	19	211 LOCATION					
DIVISION OF VITAL RECORDS,  DING PHYSICIAN: The low require or ottending physician.  After this certificate has been sign e as the burial-transit permit. Then alth and Mental Hygiene prior to b marked or Item 18 shows any injury	MEC	WHILE NOT WHILE AT WORK		REET, FACTORY, OFFI	CE, FARM, ETC )	STREET	CITY OR TOV	VN	COUNTY	STATE	
N S S S S S S S S S S S S S S S S S S S	-3	220.1 certify that (I) (this haspi		e deceased fro		, 19	, to			that (I) (we) last	
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0 0 0 0		226. SIGNATURE «	ku		mi	ATTENDING PHYSICIAN [	MEDICAL STAF		22c. DATE	SIGNED 22 88	
TO HOSPITAL ( retained by the TO FUNERAL I should be deta with the Stote I MAPORTANT: II		22d PHYSICIAN'S NAME (TYPE O	Me L	Jeine	C	27e ADDRESS _	Hosp. of	Ba,	He		
	23o. E	URIAL, CREMATION, REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d LOCATION				
BP		BURIAL	APR. 23			ODESH-BETH IS	GRAEL "BALTI	MORE	MAF	RYLAND	
DHMH - 16 50M 4/83	24. FL	INERAL DIRECTOR SOL	LEVINSO	N & BRO	S., INC	250. DAT	IE REC'D, BY REGISTRAR	256. REGISTR			
(VRA 15, 4)	31	6010 REISTERSTO		ADDRE:	55	21215	APR 25 1986	quied	iau i	Electrical Control	

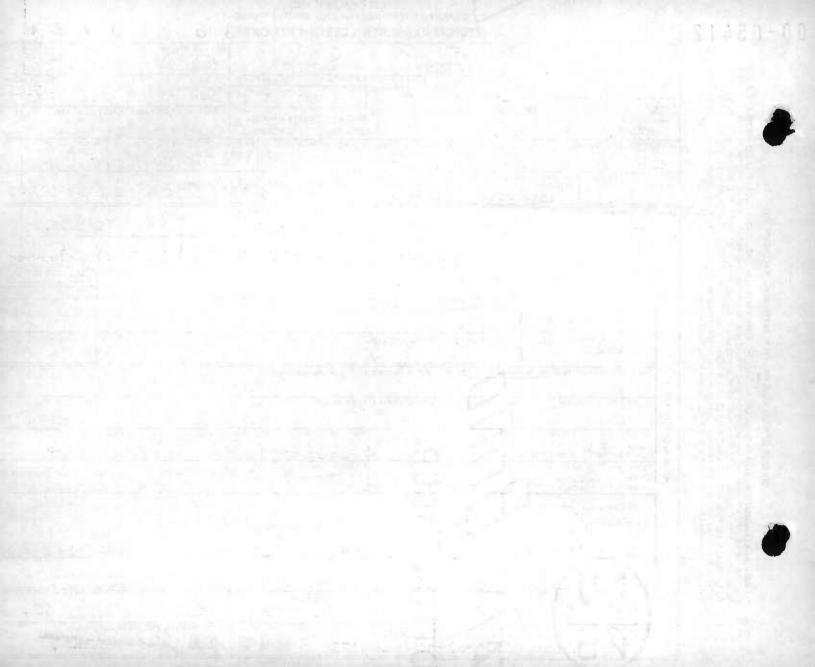




(VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 00-0541 MEDICAL EXAMINER'S CERTIFICATE OF DESTH 6 REGISTRAR DECEASED NAME KNOWN 🔀 2a. DATE 25. HOUR MONTH (TYPE OR PRINT) OF ESTI-DEATH MATED IS NECESSARY, PLEASE FUNERAL DIRECTOR. E 5 FOR YOUR FILES. ED WITHIN 72 HOURS W PRESTON STREET, **JAMES** JOHN MACCIOLA 6. AGE (IN YEARS | IF UNDER 1 YR 4 RACE DATE OF BIRTH IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY) PRONOUNCED : 45 DEAD 1986 10-15-64 21 YRS MALE 70. BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIEDX FOREIGN COUNTRY) U.S.A. MD. WIDOWED DIVORCED Baltimore City FILED LO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY UNEMPLOYED PM 3. RETAIN PA ND 2 SHOULD, BE F NITAL RECORDS, 2 University Hospital (STU) Baltimore JSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 30. STATE 136 STREET ADDRESS 2909 BEECHWOOD LANE 13d. INSIDE CITY LIMITS? Fallston Harford 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE O'DELL PAGES 1-AND EDWARD MACCIOLA MAXINE PREMEN E PAGE FORM 166. SOCIAL SECURITY NO MAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT ADDRESS DIVISION SAME (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) PREMEN MACCIOLA (FATHER) NO 212-82-2901 ADDRESS NATE, THE WORD PRINCE EXAMINER ALCITY.
FORWARDED TO THE CHIEF MEDICAL EXAMINER ALCITY.
TOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT.
THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DITTE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE.
THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE.
THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Multiple injuries IMMEDIATE CAUSE (o)\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in CERTIFICATION 19a. DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YESX NO [ 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR AND MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 4-30- 19 86 Passenger of pick-up truck/fixed object 6:25P.M. EXECUTE THE CERTIFICATE, WRITING T PAGE 4 SHOULD BE FORWARDED TO TO FUNERAL DIRECTOR: PAGE 3 SHO AFTER DEATH, WITH, THE STATE BEPARE BALTIMORE, MARYLOND, 21201 PRIOS 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME impact. STREET, FACTORY, FARM, ETC.) NOT WHILE CITY OR TOWN AT WORK AT WORK road Reckord Rd. no. of Harford Rd., Harford 270. I certify that I took charge of the remains described above held an Autopsy Inspection Undetermined manner Natural causes Homicide Assistant MEDICAL EXAMINER 5-1-86 EXAMINER'S NAME Dennis F. Smyth, ADDRESS 111 Penn St., Balto., MD 21201 23a BURIAL, CREMATION REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION BALTIMORE MĎ. 5/5/86 MORELAND MEM. PARK BURIAL BP 256 REGISTRAR'S SIGNATURE 24 FUNERAL HOME, INC. 250. DATE REC'D. BY REGISTRAR **DHMH - 17** while Devidson 9705 Belair Rd., Balto. Md. 21236 (VR A15 ME (5)) 20M 4/82



FOR

REGISTRAR

DECEASED NAME

- STATE

LIYPE OR PRINT

MIDDLE Malanowski 6626 Athol Ave. Mrs. Anna V. Macy Baltimore, Md. 21227 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 Failure 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 211 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) CITY OR TOWN and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN MPORTANT Shau 23b. DATE 230. BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY COUNTY St. Stanislaus Cem. Baltimore burial 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S Kaufman 5695 Main St., Elkridge, Md. 21227 (VRA 15, 4)

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE «1

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MONTH

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IF UNDER 1 YEAR

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20. DATE OF DEATH

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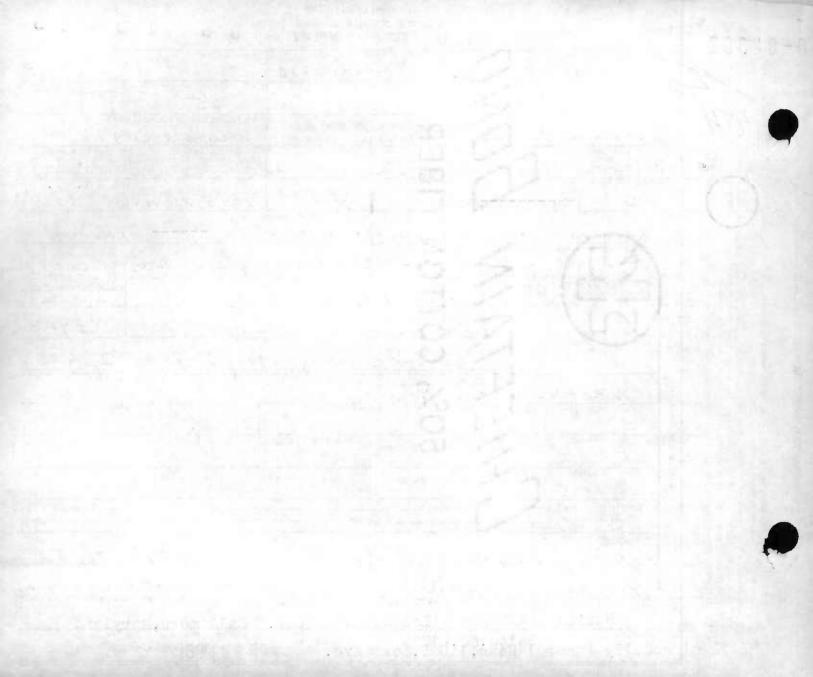
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STATE OF MARYLAND

	1	Item 138	A.L.	STATE OF MARYLAND		
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0-0.007	1 04	REGISTRAR CEASED NAME A FIRST	MIDDLE	LAST	REG. NO.	DAY YEAR 2b. HOUR
moy be poge 3		OR PRINT)	Gladys -	Mack	4/22/86	105am
4 moy	3. SE	× 7 /2	1 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (A YEARS LAST BIRTHDAY)	FUNDER I YEAR IF UNDER 24 HRS
direction .	70 B	RTHPLACE (STATE OR FOREIGN )	7b. CITIZEN OF WHAT COUNTRY	2 18	9 BALTIMORE CITY OR COUNTY	CEDEATH
deoth. I		COUNTRY	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	P-IF	ty MD.
# 43 <b>4</b> 5	10_C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS		12d. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI	72b. KIND OF BUSINESS OR INDUSTRY
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K. Ged Ged W. W	160	VAS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL SEC	URITY NO. 17 INFORMANT	ADDRESS	Jones
BALTIMORE, cote be execu- operation ord co- operation ord co- wol.			212-16-	5942 William St	Ewart 3025 Wil	ey Avenue
SALT ote b sicing opers		18 CAUSE OF DEATH (Enter only	y one couse per line lor (a), (b), a	nd (c).	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
: t 400 a		PART I. DEATH WAS CAUSED IMMEDIATE		respiratory arres	st.	
or of office	1		DUE TO, OR AS A CONSEQU	JENCE OF		
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_ 4 00.0		underlying couse lost	(c) Bre			
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A to the to the total total total to the total to	Ĕ					YING CAUSES OF DEATH?
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VIS BEEN AND THE PER PER PER PER PER PER PER PER PER PE	2	WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE.	FARM, ETC ) STREET	CITY OR TOWN	COUNTY STATE
A A A A A A A A A A A A A A A A A A A		220.1 certify that (I) (this hospital	ol) ottended the deceased from	4/3/86 19	10 4/22/86	19, that (I) (we) lost
A Property of the Property of		sow the deceased alive on_	4/27/86 19	ond that in (my) (our) opinion	deoth occurred on the date and hou	The state of the s
4 5 4 5 5 E		obove, (I) (una) (did) (did nat 22b. SIGNATURE	, view the body offer death.	DEGREE		7% DATE MONED
At D detoc		Guillem	a Abunda-	MP ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	4/22/86
O HOSPITA TO FUNES TO FUNES MANUAL BE A MANUAL BEAN MANUAL BEAN MA		22d. PHYSICIAN'S NAME (TYPE OR	11	TI 22e ADDRESS +	· Ot+	20
HOTO STATE OF WAR	23a	BURIAL, CREMATION, REMOVAL	Abesada-lerk 1236. DATE 1236.	NAME OF CEMETERY OR CREMATORY	194 (94Y) 4_	5 25
BP		Burial		hurch Cemetery	Chesterville	COUNTY STATE
	24 F	JNERAL DIRECTOR		250 DA	ATE REC'D. BY REGISTRAR 25b. REGIST	RAR'S SIGNATURE
DHMH - 16 60M 7/B4 (VRA 15, 4)	Ma	rch F/H West	4300 Wabash Ave		11 Z = 1986 / Sie 1910	A CONTRACTOR OF THE PARTY OF TH
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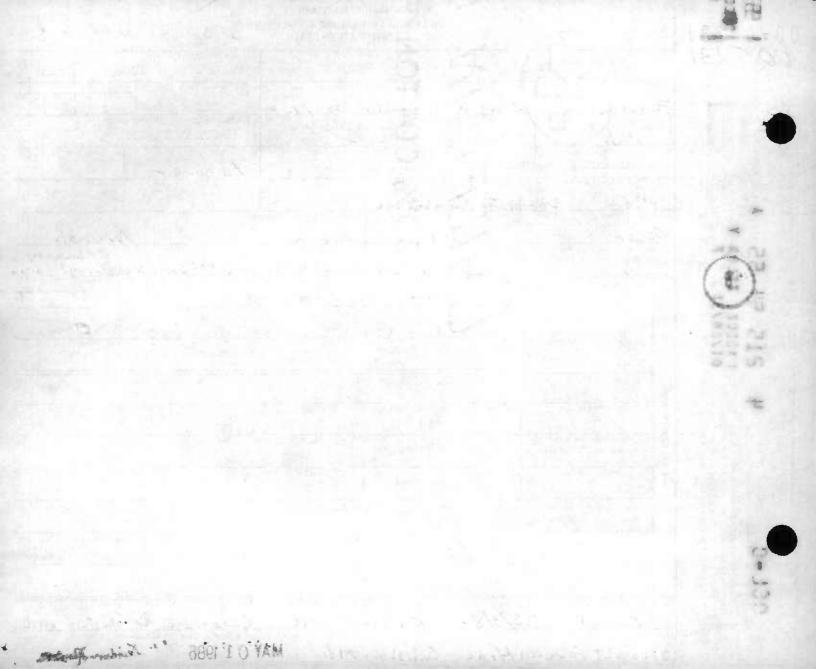




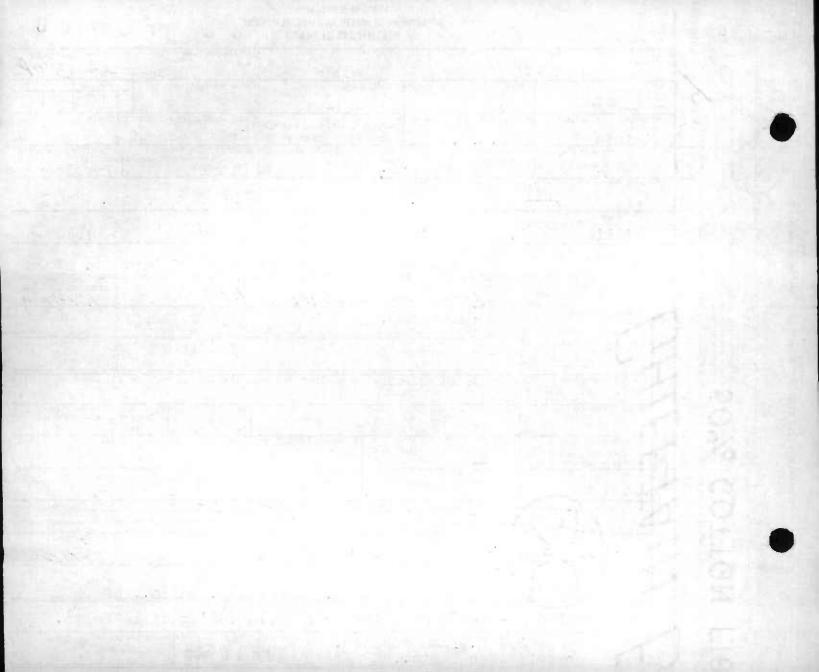
						E OF MARYLAND	P. 1			
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	I. DE	CEASED NAME FIR	ST	WIOOFE		AST	20 DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
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- e	3 SE	X	4. RACE		S. DATE (		6. AGE (IN YEARS LAST BI	THOAY) IF	UNDER I YEAR	IF UNDER 24 HRS
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2 47		RTHPLACE (STATE OR FOREIG	N 76 CITIZEN OF	WHAT COUNTRY	? 8. MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	R COUNTY O	FDEATH	
2 0//		S.C.	U	.S.A.	WIDOW		BALTIMOR	E CITY		MD.
3-	10. C	TY OR TOWN OF DEATH		HOSPITAL, NURS		OR OTHER INSTITUTION	120 USUAL OCCUPAT		12b. KIND OF	BUSINESS OR
12		BALTIMORE	VA MED	ICAL CENT	CER BA	LTIMORE MD	N/A			
Paron	13a. S	AL RESIDENCE (IF NURSING HE STATE	OME OR OTHER INSTITUTION	134 CITY OR TO		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ 7IP CODE	21217	7 1210
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9	14. FA	THER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN	NAME			
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event, the		18 CAUSE OF DEATH IER	ter only one couse pe	er line for (a), (b), a	and (c+)				BETWEEN OF	MATE INTERVAL
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0 5%	IFIC							IN CERTIFYIN	NG CAUSES C	OF DEATH?
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Item 18		OR CONTRIBUTING _ CAUSE	OF DEATH HOUR A	M.M. MONTH	DAY YEAR	1				
or Ite	MEDICAL	(IF EITHER, NOTIFY MEDICAL EX		OF INJURY	19	211 LOCATION				
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Ž-	Н	THE PHYSICIAN'S NAME	- gn	10 2 vo	2	PHYSICIAN 122e ADDRESS	DIRECTOR PHYSIC	CIAND	141	0100
3		124	. D.	511			Raven Blvd.	Baltimo	ore Md	21218
IMPORTANT: IF	22. 5	BURIAL, CREMATION, REM	OVAL ZIB DATE	dery the	NAME OF C	1				
	230. E	SURIAL CREMATION, REMO SURIAL				EMETERY OR CREMATOR	CITY OR TOWN	C	COUNTY	STATE
-		JNERAL DIRECTOR	4-14	-86	GARR.	SON FORES	OWING MAJE REC'D. BY REGISTRAR	TILLS	P'S SIC MA	RYLAND
A 7/84	Tal	M.C. MARCH	D /11 T120	AOORESS		230 0	PR 1 1 1986	256 REGISTRA	don-	WALES
5, 4)	W	M.C.MARCH	F/H INC.	1101 E	. NOR	H AVE.		4		•



H	FOR	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HY	GIENE # # #	007
7-1-5-1-1	- STATE REGISTRAR		CERTIFICATE OF DEATH	8 0 REG. NO.	) 7 2 1
25431	I. DECEASED NAME FIRST (TYPE OR PRINT) ZELD.	A V	MADDOX	APRIL 29, 198	To HOUR
a may	sex Fenale	Black	5. DATE OF BIRTH  MONTH  DAY  YEAR  100  100  100  100  100  100  100  1	54 YRS. MC	FUNDER LYEAR IF UNDER 24 HRS
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-	4. FATHER'S NAME FIRST  OSCA Y	MIDDLE Mack	15. MOTHER'S MAIDEN NA FIRST  Sarch	WIDDLE	Nichols
12	60 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL VE WAR OR DATES)	SECURITY NO. 17 INFORMANT 6-7178 Shiela Ma	10-6305Brighthe	Dr. Md. 20706
	PART I. DEATH WAS CAUS	nly one couse per line for (a), (b ED BY: TE C AUSE (a)	gratory Ame	st	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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CTOR: A far use af Heoli	220 I certify the (1) (this hosp sow the deceased glive or above (1) we (aid (did no	ital) attended the deceased fr 4/2-9 at 1 view the body after death.	and the second second	death occurred on the date and hour of	
NAL DIRECTORECTORECTORECTORECTORECTORECTORECTO	22b. SIGNATURE R. 1	1. Dufits		MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED 4/24/86
TO FUNERAL should be det with the State IMPORTANT.	22d. PHYSICIAN'S NAME (TYPE	V. DuB.	Dis 220 ADDRESS JOH	ns Hopkin	ns Hospital
BP	Burial, CREMATION, REMOVAL	23b. DATE 5/3/86	B. ETTE CEME	23d. LOCATION CHYOR TOWN Cambaidge Do-	county state chester Md.
VRA 15. 4)	4 FUNERAL DIRECTOR NAME 5 TEWA T Fure-	al Hand S	esslisburnd. Wi		AR'S SIGNATURE



					E OF MARYLAND		46.
00-03978	1-	FOR STATE REGISTRAR		CERTIF	ICATE OF DEATH	S O REG. NO	
m 5	I. DEC	CEASED NAME FIRST OR PRINT)	MIDDLE		AST	20. DATE OF DEATH	MONTH DAY YEAR 26. HOUR
may be poge 3		LEVI		2 22	DKINS		04-17-86 2:001
Poge 4 mg director, po	3. SE		RACE	5. DATE (		6. AGE (IN YEARS LAST BIRTI	HDAY) IF UNDER 1 YEAR IF UNDER 24 HR MONTHS DAYS HOURS MIN
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O died with		TY OR TOWN OF DEATH  Latimore	1. NAME OF HOSPITAL, NUR HENOT IN SUCH FACILITY, GIVE STR 3626 Benson		21227	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF CLerk	
BALTIMORE, MARYLAND 21201  cote be executed within 24 four- spicion and completely filled in apers. Pages 1 and 2 should see fill wol.  wol.  it, the medical examiner must be not.	130. 5	AL RESIDENCE (IF NURSING HOME OR CITATE 13b. COUNT	other institution, give residence being the property of to Balto	FORE ADMISSION)	134 INSIDE CITY LIMITS?	3626 Bens	son Ave. 21227
YLA ithin tely 2 sh	14. FA	THER'S NAME	IDDLE LAST		15. MOTHER'S MAIDEN NAM	MIDDLE	LAST
Comple Comple		William	J. LeHe	ew	Harriet	Mae	Dick
MORE, MA	160 V	VAS DECEASED EVER IN U.S. ARM		CURITY NO.	17 INFORMANT	ADDRE	
be exected and con anal con and con an		No	236-22	2-5379	Eva Norfol	k 1406 Fi	
301 W. PRESTON ST., es that the death certific red by the attending ph please remove carbon purial, cremation, or rema	NO	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE  Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT CO	BY: CAUSE (D)  DUE TO, OR AS A CONSECT  (b)  DUE TO, OR AS A CONSECT  (c)	QUENCE OF	NOT RELATED TO THE TERM	LUNG NAL DISEASE OR CONI	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT  PART 1 (0)
beer mit.	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHI	CH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
VITAL R. In the laysicion. cote hos consit per Hygiene Hygiene	ERT	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21c. HOW INJURY OCCURR	YES NO	YES NO NO
ON OF VITA  YSICIAN: The ding physicia s certificate ourial-tronsis Mental Hygis in them 18 sh		OR CONTRIBUTING CAUSE OF DEAT		DAY YEAR	The state of the s	ED (CIVIEN INCIDAL OF INCOM	THE HEAT OF TANK I ON TANK 2)
HYSI ading this ce the or the	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC		211 LOCATION	CITY OR TOW	'N COUNTY STATE
DIVISION OF PHONOR PHON	2	WHILE ONOT WHILE ON AT WORK	(AT HOME, STREET, PACTORY, OFFIC	LE, FARM, ETC.]	Jinke	CIT ON TON	COUNT STATE
To A sign	D	22s.1 certify that (I) this hespite saw the deceased give on _ above, (I) (well-fell did part	All I make		nd that in (my) four opinion o	enth occurred on the do	te and hour and from the causes stated
OR ATTEN the hospital DIRECTOR sched for us Dept. at Hem	13	22b. SIGNATURE	view the body after death.		DEGREE		27L DAJE SIGNED
FAL OR A Vy the hos RAL DIREC detoched one Depthal VIT: If Item		1112 104	nly	N	ATTENDING PHYSICIAN	MEDICAL STAF	FIAN - 4/17/86
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으는 으로 등 <u>록</u> BP	23a E	BURIAL, CREMATION, REMOVAL SPECIFY) Cremation	23b. DATE 23 4-18-86 56	CUTI	ty Process, I	1234 LOCATION	
DHMH - 16 25M	24. FI	UNERAL DIRECTOR	237 E. Paotes	psco I	AV'e. 250. DATE		256. REGISTRAR'S SIGNATURE
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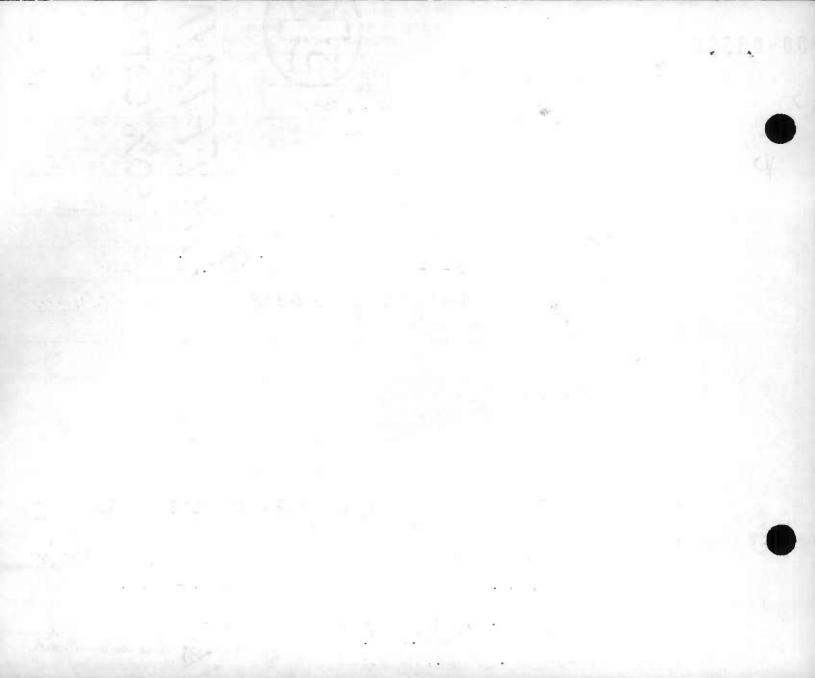
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13363	11.	STATE REGISTRAR Frances		CERTIFICATE OF DEATH	8 O REG. NO	0	1 400
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1 1 1	3. SE	X	4. RACE	5. DATE OF BIRTH	6 AGE IN YEARS LAST BIR	IHDAY) IF UND	DER I YEAR IF UNDER 24 HRS
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85 4		LIS CALISE OF DEATH (Enter on	nly ane cause per line far (a), (b), a		4,00		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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the state		IMMEDIA	DUE TO, OR AS A CONSEQU	IENICE OF	^ '		
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4 to 10 to 1		underlying cause last.	1 10 FOR	al pries	mone	1	
ding part part part	1,	PART 2. OTHER SIGNIFICANT O	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TE	ERMINAL DISEASE OR CON	DITION GIVEN IN	PART 1 a
441	ATION	Men	ier Age	illes			
DE DE	FICA	DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a AUTOPSY?	IN CERTIFYING	RE FINDINGS USED CAUSES OF DEATH?
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Day of the second		22b. SIGNATURE	r) view the body after death.	DEGREE		17	22c DATE SIGNED /
244		Cha G	la late	MI) ATTENDING	MEDICAL STAF		04/09/26
FUNER, old be d the Sta	1	274 PHYSICIAN'S NAME THE	m Phinaty (	22e ADDRESS	1		1/200
APOST APOST		J (-	scellin n	10 30013	South Hu	anull r	87.
2533	23a.	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATOR	Y 23d LOCATION	1/11/17	
	B	urial	4/11/1986 B	alto., National Co	em. Baltimor	e City.	
6 60M 7/84		UNERAL DIRECTOR		25a C	DATE REC'D. BY REGISTRAR	256. REGISTRAR'S	SIGNATURE
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	o Pe	e de			TRE	D	~	1 AIN	3ER		7 /	4 86	100 DAM
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	Pepri	in 72	10		GERMANY	USA		WIDOWE		BALTIMON	RE CITY		MD.
1	ter o	the fund	Ped /	10.0	ITY OR TOWN OF DEATH		HOSPITAL, NURSI		OR OTHER INSTITUTION	120 USUAL OCCUP		12b. KIND OF	BUSINESS OR
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Q.	24	filled	E		IARY LAND		BALTIMOF		YES NO			NE APT.	D(21215
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A,	ecut	d co	dicol		WAS DECEASED EVER IN U.S.	ARMED FORCES?	16b. SOCIAL SECT	JRITY NO.	17. INFORMANT	AD	DRESS	(21215	5)
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	0	Page	Bed		(YES, NO OR UNKNOWN) (IF YES,	SIVE WAR ON DATES!	215-30-2	2660A	MRS. META	MAINZER 36:	16 FORDS		
ALT	ofe b	pers.	the the		18 CAUSE OF DEATH (Enter	only one couse pe	line for (a), (b), or	nd Ic				APPROXIM BETWEEN O	NATE INTERVAL NSET AND DEATH
, E	trico tri	phy n pa	vent		PART I. DEATH WAS CAU	SED BY: ATE CAUSE (a)	Landige	arre	S				
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STC	leot	tten ve c	E C		Conditions, if any, which	( (b)	Longstan		isclamic C	oronary di	rase		
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. 20	res	aned n ple	٧, ٥	1	PART 2 OTHER SIGNIFICAN	T CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE T	ERMINAL DISEASE OR C	ONDITION GIVI	EN IN PART 110	
RDS	900	The The	5	CERTIFICATION									
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	TTE	for far af H	21		sow the deceased alive obove, (I) (we) (did) (did	not) view the body	ofter death.	, o	nd that in (my) (our) opin	ion death accurred on th	e date and havi	and from the co	ouses stated
	DR A	hed hed	E =	1	226 SIGNATURE	020		S. SHE	DEGREE			TE. DATES	IGNED
	AL C	At D detac	# :-		1/2. Hallen	an all			ATTENDING PHYSICIAN	MEDICAL S	STAFF	4/19/	86
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	5 e	5 48 3	≥	23a.	BURIAL, CREMATION, REMOV.	AL 23b. DATÉ	23¢	NAME OF C	EMETERY OR CREMATO	RY 23d LOCATION			
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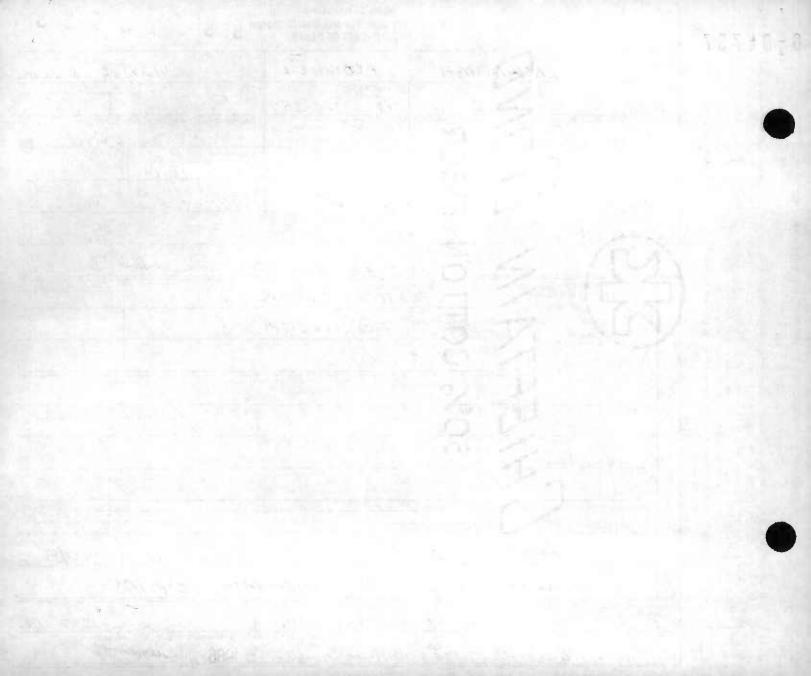
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	9 e e	ľ		EASED NAME	AVIX		HIRSH		ALIN	2a DATE OF	DEATH MONTH		YEAR 21	1140 1140
3	ge 4 may be ectar, page 3 rs after death	3	SEX MA		, .	RACE WHIT		5. DATE O	DF BIRTH 18, 1940 YEAR	6 AGE (IN YEA	45	IF UNDER	RIYEAR IF	FUNDER 24 HRS
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AND 213	within 24 haurs letely filled in b d 2 shauld be fil mines mutt be n	0	MA	L RESIDENCE (IF NURS LATE ARYLAND	136 COUN	TY INSTITUTION	13c. CITY OR TOV BALTIMO	PE ADMISSION) VN ORE	134 INSIDECITY LIMITS?		DDRESS / ZIP CO DRTHWAY	ODE	#212	18
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IMORE,	Pag P	1	6a W	AS DECEASED EVER ES NO OR UNKNOWN)		AED FORCES? WAR OR DATES)	166 SOCIAL SEC 220-36-0		17. INFORMANT ME 309 NORTHWA		HADARESSMAI	2121		ATE INTERVAL SET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	equires that the death certificate be signed by the attending physicia. Then please remove carban papers, ta burial, cremation, or remaval. injury, or other traumatic event, the		NOI	Conditions, if ony, gove rise to imm couse (a), stolin underlying couse	which nediate g the last.	DUE TO, O  (b)  DUE TO, O  (c)	R AS A CONSEQUENCE ON TRIBUTING TO	IENCE OF	NOT RELATED TO THE TE		OR CONDITION	GIVEN IN P	2 //2 'ART 1(0)	year
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DIVISION OF VI	DING PHYSICIAN: or attending phys After this certifica e as the burial-trar oith and Mental Hy marked ar ttem 18		MEDICAL CI	OR CONTRIBUTING CALL (IF EITHER, NOT IFY MEDICAL PROPERTY	CAUSE OF DEAT CAL EXAMINER) RED	HOUR A.P.	.M. MONTH D .M. OF INJURY REET, FACTORY, OFFICE,	AY YEAR 19 FARM, ETC.)	211 LOCATION STREET	OKKED (ENJERNAM	CITY OR TOWN	cou	INTY	STATE
	OR ATTEN haspital olikector: ched far us bept, af He			22a. I certify that (I) saw the decease above (I) five) (2 22b. SIGNATURE	ed other en	We the body	January 4		DEGREE  ATTENDING PHYSICIAN  122e ADDRESS		on the date and	220		
	TO HOSPITAL C retained by the TO FUNERAL D shauld be detate with the State D			VICTOR	VOGEL	, M.D.	U	NIAME OF	JOHNS HOL			LTO.,	MD	21205
	BP	L	(5	URIAL, CREMATION, PECEY) BURIAL			1,1986	BETH 7	FILOU	BALT	'IMORE	COUNT	MAR	
	DHMH - 16 50M 4/83 (VRA 15, 4)			NERAL DIRECTOR  10 REISTE			N & BROS  ADDRESS  BALTO.	-	21215	APR 15	1986 PEG	ISTRAR'S, S	GNATUR	and the



		FOR Item //	by Phone 5-12-86C STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 6 2	0 9 3 2
0-03733	1	STATE REGISTRAR	CERTIFICATE OF DEATH 8 REG. NO.	0
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ge 4 mo)	1. SE	F	Section of the sectio	IF UNDER 1 YEAR IF UNDER 2 MRS.
eoth. Poe		RTHPLACE (STATE OF ORLOW)	76. CITIZEN OF WHAT COUNTRY? 8 MARRIED   NEVER MARRIED   9 BALTIMORE CITY OR COUNTY   BALTIMORE CITY O	OF DEATH
s ofter d	As C	BALTO	11. NAME OF HOSPITAL, NURSING HOME OF OTHER INSTITUTION (IF NOT IN SUCH FAGILITY, GIVE STREET ADDRESS)  (TYPE OF WORK FOR MOST OF WORKING LIFE  HOUSE	12b. KIND OF BUSINESS OR INDUSTRY
24 hours		AL RESIDENCE (IF NURSING HOME TATE 136 CC	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)	AVE 2/2/6
d within d within mpletely and Sh	JA F	TAMES	MIDDLE RAST FIRST MIDDLE TANNIE	INSLEY
MORE, A ond con Poges T o		VAS DECEASED EVER IN U.S.		#16
ESTON ST., BALT death certificate by otherwise physicio ove carbon popers ition, or removal.		PART I. DEATH WAS CAL	only one couse per line for (a), (b), and ic USED BY: HATE CAUSE (o) Come of the hung with Existen into Pulma  DUE TO, OR AS A CONSEQUENCE OF IND HIVE	APPROXUMATE INTERVAL BETWEEN ONSEL AND DEATH  MINULY  LEAVS
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	TION		it conditions <u>contributing to death</u> but not related to the terminal disease or condition giv	
TAL REC	CERTIFICATION	190. DATE OF OPERATION	YES NO NO YES	, WERE FINDINGS USED YING CAUSES OF DEATH? S \( \text{NO} \( \text{D} \)
VSICIAN: The VSICI		71g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MONTH DAY YEAR NER) P.M. 19	ART 1 OR PART 2)
WISION G PHY offendi	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FARM ETC.)  217. LOCATION STREET CITY OR TOWN	COUNTY STATE
PATTENDIN hospitol or RECTOR: Aft red for use o ppt. of Health			on 19 , ond that in (my) (our) opinion death occurred on the date and hour not view the body after death.	ond from the couses stated
0 4 0 0 5		276. SIGNATURE	DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN MEDICAL STAFF PHYSICIAN MEDICAL STAFF	27c. DATE SIGNED
TO HOSPITAL ( retoined by the TO FUNERAL I should be deto with the Store I IMPORTANT: If		22d. PHYSICIAN'S NAME (14)		
BP	230	BURIAL, CREMATION, REMOVE	AL 236. DATE 236 NAME OF CEMETERY OR CREMATORY 236. LOCATION CITY OR TOWN VILLE	COUNTY STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	24 F	UNERAL DIRECTOR NAME VILLIAM C. BRA	WW Corn F/H Bob-08 W. NORTH AVE	RAR'S SIGNATURE

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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

)		REGISTRAR		CENTIN	ICAIL OF DEATH	REG. NO.				
		CEASED NAME FIRST	WIDDLE		LAST	20 DATE OF DEATH MON	NTH DAY Y	YEAR	2b HOUR	
	(TYPE	OR PRINT)	XX William J	Ma:	rshner	4	14 8	36	315	
	150		4 RACE	S. DATE O	OF DIDTH	6 AGE (IN YEARS LAST BIRTHDA			IF UNDER 24 I	M
1	MI SEX							DAYS		MIN.
	20	Male	White	10-	25-1915	70	YRS			
	ra Bli	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT C	OUNTRY? 8	NEVER MARRIED	9 BALTIMORE CITY OR C	OUNTY OF DEA	TH		
1		Md.	U.S.A.			Baltimore	City,			
-	10 (1	ITY OR TOWN OF DEATH		WIDOWI	OR OTHER INSTITUTION	12a USUAL OCCUPATION		(1)(0)	BUSINESS	MD.
11	10 C.	Baltimore		Memorial I		(TYPE OF WORK FOR MOST OF WO	ORKING LIFE) INDU	JSTRY		OK
4		Daltimore	OUTOU	Memorial i	nospital	Ret. Broadca	st Tech	nici	ian	
10	USUA	AL RESIDENCE (IF NURSING HOME O				L			- 177	
Jung	130. 3	Md .		alto.	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZII		04.0		
1	14 E A	ATHER'S NAME	D	H1 00.	15 MOTHER'S MAIDEN NA	2917 Bayonn	e Ave.	212	4	
1	19. 174	FIRST	MIDDLE	LAST	FIRST	MIDDLE		LAST		
		Otto	Marsh	ner	Augusta		Geiss			
1	160 V	VAS DECEASED EVER IN U.S. AF		CIAL SECURITY NO.	17 INFORMANT	ADDRESS	30			
	(3	YES NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	-16-7053	Alvena J. M	farshner, Same	00170			
					MIVEHA O. F.	lar siliter, same		ZODO OVI	A CYP IN CYPRIA	
	- 1	18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE	nly one couse per line for	(a), (b), and (c)			BE	TWEEN	AATE INTERVAL INSET AND DE	ATH
				piratory	and civa	elatory are	-12	100		
			DUE TO, OR AS, A C	CONSEQUENCE OF	_			1		-
		Conditions, if ony, which	( b) Hep	Datio	auso del	ydiation	1 10	14	UK	
	81	gove rise to immediate	(b)	The Ca	ana, cen	Javorson		7		-
		couse (a), stating the underlying couse last	DUE TO, OR AS A C		- 1/2di	· Ca.	Sec. 164			
		onderlying couse lost	(c)	ctastati	C DIAUde	a Coc.				
	2	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBU	TING TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITI	ON GIVEN IN PA	ART 110		
	CERTIFICATION									
dia.	AT	190. DATE OF OPERATION	19b. CONDITION FO	OR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20	b. IF YES, WERE F	FINDIN	GS USED	
7	F	11/7/86	Metastic 1	60. dd. Ca	ibladderneck Co	abotherc.	CERTIFYING CA	AUSES		
	RT	7/)/00					YES [		NO 🗌	
9		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	21b. TIME OF INJURY	NTH DAY YEAR	THE HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART I ORPA	ART 2)		
7	AL	(IF EITHER NOTIFY MEDICAL EXAMINE		19						
1	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJU		21f. LOCATION					
	¥	WHILE NOT WHILE	(AT HOME STREET, FACTO	DRY OFFICE, FARM ETC )	STREET	CITY OR TOWN	COUN	ATA	STATI	E
	. 13	AT WORK AT WORK			177 0		7, 7			
	100	22a.l certify that (1) (this hasp	11/17		19.86	, 10 4		-	hot (I) (we)	
		sow the deceased alive or above, (1) (we) (did) (did no		19.86, or	nd that in (my) (our) opinion	death accurred on the date of	and hour and fra	m the c	auses stated	d
		22b. SIGNATURE			DEGREE		22c.	DATES	IGNED _	
		(10,000	Acous.	N	ATTENDING	MEDICAL STAFF	7 1	11/	14/8	1/2
		224 PHYSICIAN'S NAME CYPE	OR PRINT		22e ADDRESS	DIRECTOR   PHYSICIAN		7//	110	0
		( 11Acch	1 40000			of Memoring	0 14.	25/	2. 1/a-	0
		CHASSAN	MATHY	1	4,7,0	7 / 100-10019	1,0	3/	,,,,,	
		BURIAL, CREMATION, REMOVAL	23b DATE	23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION				
17	{	Burial	4-17-86	Parkwo	od	Doll to Ma	COUNTY		STATE	E
			1 1 00	- allwo	vu	Balto, Md.				

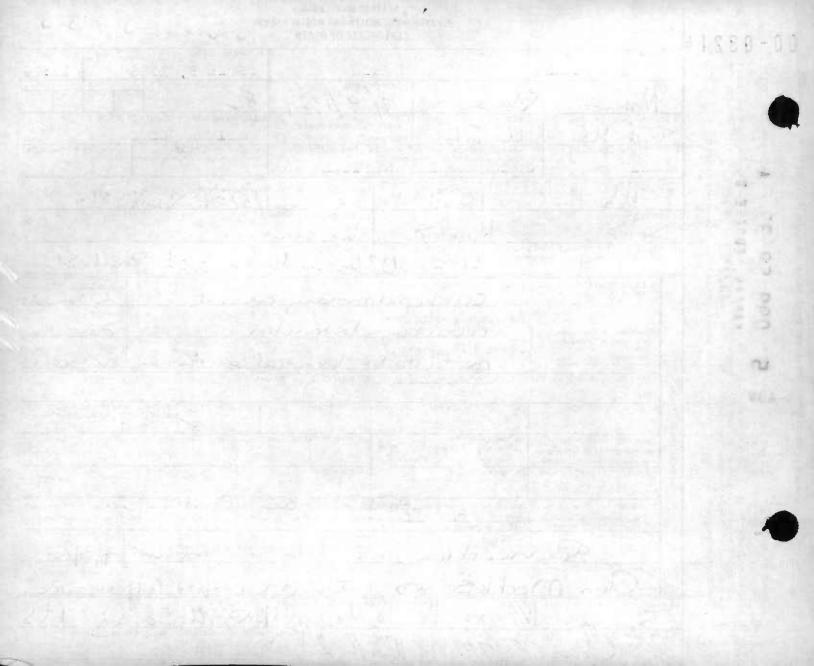
DHMH - 16 60M 7/B4 (VRA 15, 4)

14 FUNERAL DIRECTOR
Leonard J. Ruck, Inc., 5305 Harford Rd.

APR 1 5 1986

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			STATE OF MARYLAND								
00-032	14	1-	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	SIENE S OREG. NO.	0 9 3 5				
00 002	1 7		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR				
y be oge 3 deoth	400	(ITTE	EUGENE		MARTIN	APRIL 8, 198	36   12:15 <sup>A</sup>				
7 moy	400	3. SE	11 0 1	RACE	S DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.				
rects ours	ME.		11/4/-	Blick	7/9/1979	54 YRS.					
h. Pe	OC		OUNTRY STATE OF FOREIGN 7	. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNT					
Jeat	and a	4	not Mai	U. 2.A.	WIDOWED DIVORCED	BALTIMORE CIT	ry MD.				
offied	7-	10 CI	TY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)	120 USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LI	126. KIND OF BUSINESS OR IFE) INDUSTRY				
to phy	55	BA	LTIMORE	JOHNS HOPKIN	S HOSPITAL		TO THE OWNER OF THE OWNER OF THE OWNER				
AND 212	25	13a. S	LERESIDENCE (IF NURSING HOME OR O		YES A NO	13. STREET ADDRESS ZIP COD	4. 8123				
ORE, MARYLA electred with post inhibited by post ond 2 sh	20	1	20hr	IDDLE MAST	15 MOTHER'S MAIDEN NA	WIDDLE	LAST				
TIMORE ph onogen	1		(AS DECEASED EVER IN U.S. ARM ES NO OR UNKNOWN) (IF YES, GIVE	ED FORCES? 166 SOCIAL SECU WAR OR DATES) 214-24	-3137 Hester Mi	2-15/0 E. Y	Brall. 81.				
BAL BAL			18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	one couse per line for 101, (b), or	od (C)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
W. PRESTON ST., It he defin (griff) y the orithology by ceremotic or femilials or femilials or femilials.			IMMEDIATE		spulmonary o	surest	20 numerales				
NO STORY				DUE TO, OR AS A CONSEQU	ENCE OF						
de de officion			Conditions, if any, which gave rise to immediate	( 16) CUMU	an obstruct	n	2 wrels				
V.P.			couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQU	ENCE OF	^					
d by leose iol. c			underlying couse lost.	(c) netar	tate largage	2 carcumo	- are years				
S, 2		Z	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIV	VEN IN PART TIO				
Virginia Marie Name of the State of the Stat		CERTIFICATION									
Low Low as be ermine prince pr	2	ICA	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED IFYING CAUSES OF DEATH?				
	4	RTI					ES NO				
N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH D	AY YEAR ZIE HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2}				
SICI SICI ng F certi	7	CAI	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19						
DIVISION OF ING PHYSICIA r attending pl viter this certif os the burial-t th and Mental orked or ttem	1	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.)  211 LOCATION STREET	CITY OR TOWN	COUNTY STATE				
NG NG officer of the orthograph of the orthograp		•	AT WORK NOT WHILE AT WORK				The state of the state of				
77 2 20 8			220.1 certify that (I) (this haspita	) ottended the deceased from	April 2 19860	to Dail 8	. 19				
RECTOR			sow the deceased alive on obove, (I) (we) (did) (did not)	view the body after death.	ond that in (my) (our) opinion	death occurred on the date and hou	or and from the causes stated				
			27b. SIGNATURE		DEGREE		221. DATE SIGNED				
14 140 -			an.	medatu	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	418186				
HOSPITAL ned by the FUNERAL vide detection the State ORTANT:		н	22d PHYSICIAN'S NAME (TYPE OR	PRINT)	22e ADDRESS	,					
TO HOSPITA effained by 1 TO FUNERAl should be def			-Olen M	ledders m	D Johns Hop	Kini Hospital, Be	Ihmore, md.				
5 5 5 5 3 ₹		230 B	URIAL PREMATION, REMOVAL	23b_DATE 23c	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	color 1 shel				
BP			Soursel	7/14/86 4	ila Mehmul X	H met. Co.	anty NVS				
DHMH - 16 60M 7/	/B4	24. FJ	NERAL DIRECTOR	Ma in in appose	250. DAT	E REC'D. BY REGISTRAR 256. REGIS	TRAR'S SIGNATURE				
(VRA 15, 4)		5	Must	11112 11/	Warth Ale A	PR 10 10RG Villand	mich a la minerale				



FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	1	0	9	3	6
EG. NO.					

	REGISTRAR				CEKIII	FICATE OF DEATH	RE	G. NO.			
	CEASED NAME	FIRST		WIDDIE		LAST	20. DATE OF DEA		DAY YEAR	2b HOU	JR
TAPE	E OR PRINT)	Jame	96	V.	Marti	n	April 2	. 1986			М
3. SEX	X	Ugu	4. RACE	V •	5. DATE	OF BIRTH	6 AGE (IN YEARS LA		IF UNDER I YEAR		
	14.7.		F 9%		MONI		79		MONTHS DAYS	HOUR5	MIN.
7a B1	Male IRTHPLACE (STATE OR	FOREIGN	White	WHAT COUNTRY?	Dec.		9 BALTIMORE CI	TY OR COUNT	TY OF DEATH		
	COUNTRY)					D NEVER MARRIED		<u></u>			
10.01	Md. ITY OR TOWN OF DE	A TLI	USA	HOSDITAL NILIDSINI	WIDOW	DIVORCED X	City 12a USUAL OCCL	ID A TION!	TOP KIND	OF BUSINE	MD
10. (1	III OK IOWN OF DE	AIN .		H FACILITY, GIVE STREET		OK OTHER INSTITUTION	(TYPE OF WORK FOR A	AOST OF WORKING	LIFE) INDUSTRY		:33 OK
	Baltimore					alth Center	Baltim	ore Cit	y Hall		
13a. S	AL RESIDENCE (IF NUR	13b COUP		13t. CITY OR TOW		1136 INSIDE CITY LIMITS?	13e STREET ADDR	ESS / ZIP COI	DE		
	Md.	Sincettonite		Baltimo.	re	YES NO	2000	Odell 2	Avenue 2	21237	
14 FA	ATHER'S NAME		MIDDLE	<b>LAST</b>	10.20	15. MOTHER'S MAIDEN NAM	ME	DIE		AST	
	-			Martin		riksi	Milot		_ "	431	
	WAS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17 INFORMANT	A	DDRESS	700		
(,	YES, NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	217-07-9	117	Mrs. Genevie	ve Cott	Same			
-	no	M.C.				IMIS. OCHEVIC	VC 000C	Dame	APPRO	XIMATE INTER	RVAL
	18 CAUSE OF DEAT PART I. DEATH V			/ / /		MT.			BETWEEN	ONSET AND	DEATH
	Delica et L.	IMMEDIA	TE CAUSE (o)	Molealel	<u>e</u> 1	113					
	130 None		DUE TO, O	R AS A CONSEQUE	NCE OF	4 1 .			3	- 1	,
	Conditions, if ony	, which	( (b)_	Horon	an O	rte, deseau &	Recen	IMI	0/4	work	3
	gove rise to im couse (o), stoti		)		- 1						
	underlying couse		DUE 10, O	R AS A CONSEQUE	NCE OF						
			(c)								
z	PART 2 OTHER SIG	NIFICANT	CONDITIONS CO	ONTRIBUTING TO E	DEATH BUT	T NOT RELATED TO THE TERM	INAL DISEASE OR	CONDITION G	IVEN IN PART 1	0	
0	5/1 W		Concer								
CERTIFICATION	190 DATE OF OPERATION		19b. COND	196. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a AUTOPSY?	ES, WERE FIND			
TIE	Discourse Tolk		3/4/4				YES NO	A.	YES 🗌	NO [	
CER	21a. ACCIDENT WAS UN	_	110110 1		Y YEAD	21c. HOW INJURY OCCUR	RED (ENTER NATURE O	F INJURY IN ITEM 18	PARI 1 OR PARI 2)		
CAL	OR CONTRIBUTING		ALIFI .		19	The state of the s					
MEDIC	21d. INJURY OCCUR		21e PLACE	OF INJURY		21f LOCATION			5014		
W	WHILE NOT W	HILE	( AT HOME, STE	REET, FACTORY, OFFICE, F	ARM, ETC )	STREET	CITY	ORTOWN	COUNTY	5	STATE
	AT WORK AT WO		anly name of the dist	a danaged t	(0)	Toler 10 8	5-	-> 1	10 OL	al - c - to - c	
	22a. I certify that (I			e deceosed from		and that in (my) (our) opinion	, 10	the date and he	-/-	that (1) (v	
	obove, (I) (we)	dd) (did na	I view the body	ofter death.	. 0		acom occorred on t	me date ond no			pied
	22b. SIGNATURE	(//	1 - 0			DEGREE	A MEDICAL	CTAFE	22c DAT	ESIGNED	76
	1	100	allex	my w		PHISICIAN	MEDICAL DIRECTOR   PI	STAFF	14-	0 -	00
	22d. PHYSICIAN 5 N	AME TIME	DEPENDENT O			22e ADDRESS		-			
	Bayinn	ah Sh	nabazz	MD		2000 Odell	Ave. Balt	timore,	Md.		
23a E	BURIAL, CREMATION	REMOVAL	23b. DATE	23€ №	NAME OF	CEMETERY OR CREMATORY	23d. LOCATION				-
	(SPECIFY)						CITY OR TO		COUNTY	5	STATE
24 FI	Burial UNERAL DIRECTOR		Apr.4,	1986 HG	ly Re	edeemer 25m DAI	E REC'D. BY REGIS	timore_	STRAR'S SIGNA	TURE	
	Leonard J.	Puch	Ina Do		Ma was				Dundan.	Chande	Me
-	sconaru J.	Ruck	IIIC. Ba	itimore,	mary.	rana   F	APRO4191	00 7 ma	Amenderal A	Maria	

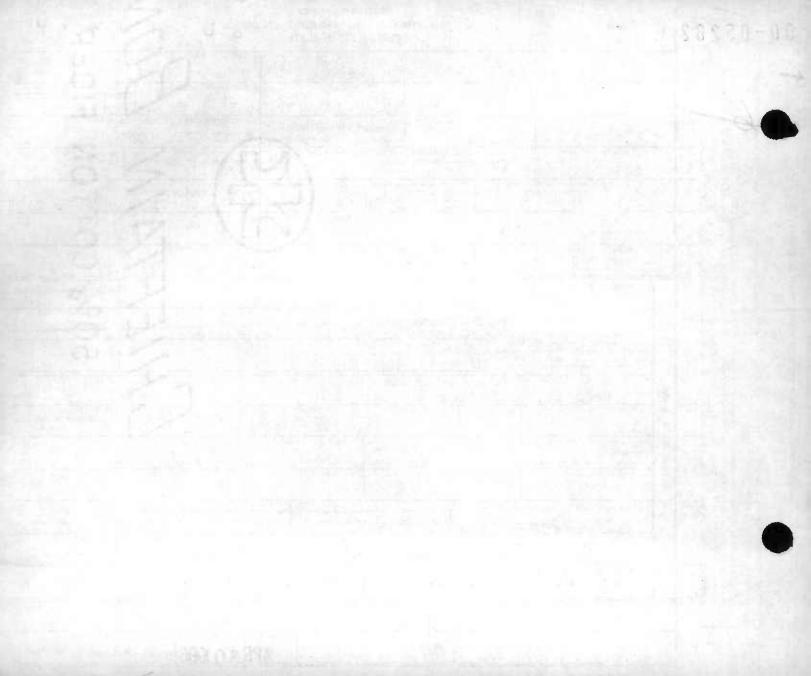
DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

	10	FOR			EPARTMENT OF	HEALTH	AND MENTAL H	TYGIENE		0 0	-2	3
14230	11-	STATE REGISTRAR							U	931		
1200		CEASED NAME	FIRST		MIDDLE		LAST	20. DA	TE KNOWN TO		DAY YEAR	Zb HOUR
PLEASE ECTOR HOURS STREET	/ (ITY	E OR PRINT)	Nero			Ma	rtin		TH MATED	1	(1 - 01	
AND 3 TO THE FUNERAL DIRECTOR. RETAIN PAGE 5 FOR YOUR FILES. HOULD BE FILED, WITHIN 72 HOURS. RECORDS 201 W. PRESTON STREET.	3. SE.		1. RACE	S. DATE OF BIRTH	6 AGE (IN		DER 1 YR. IF UNDER		ATE	MONTH I	6/19 86 DAY YEAR	
a I try				MONTH DAY	YEAR LAST BIRTH			MIN. PRON	OUNCED	1000		6:45
1		ale	Black	3 2		YRS.			EAD		6/1986	Рм
7	FC	RTHPLACE (ST.		76. CITIZEN OF WH	AT COUNTRY?	8. MARRI	IED NEVER MARR	IED   7. BAL	TIMORE CITY OF	R COUNTY (	OF DEATH	
		outh Car		USA		WIDOW	- / 1	100	altimore		1	MD.
1	10. C	ITY OR TOWN (	OF DEATH	11. NAME OF HOSE	ITAL, NURSING HOA	AE, OR OTH	IER INSTITUTION	120. USUAL OC	CUPATION (TYPE WORKING LIFE)	OF WORK 12h	OR INDUST	USINESS
-	1	Balti	more	401 E.	25th St.				Driver	100	OK 1110031	
1		AL RESIDENCE	IF IN NURSING HOME OF	ROTHER INSTITUTION, GIV	E RESIDENCE BEFORE ADMIS		1				21218	T I
No.		TATE Maryland	113P COUNT	Y	Baltimor		13d INSIDE CITY LIMITS?	401 E	ast 25th	C+ A.		
_	_	ATHER'S NAME			Datemor	C	15. MOTHER'S MAID		251 2511	St.A.	JL. OA	
-	)	FIRST		MIDDLE	LAST		FIRST	_	WIDDIE	- 1	LAST	
9		WAS DECEASED	EVER IN U.S. ARA		16b. SOCIAL SECUR	16b. SOCIAL SECURITY NO.			ADDRESS			
		NO	(ii tes, one	AK OK DATES)			Leonard MArtin 2337 Ivv Aven			Avenue	iue	
		18. CAUSE OF	DEATH (Enter only	y ane cause per line	ar (a), (b), and (c).)	-1-7		170775			APPROXIMAT BETWEEN ONSE	E INTERVAL
		PARTIDE	ATH WAS CAUSED	FCAUSE (a) Ar	erioscler	otic (	Cardiovasc	ular Dis	ease			
OF HEALTH AND MENTAL HYGIENE, RIAL, CREMATION, OR REMOVAL.		Mana 7.			AS A CONSEQUENCE					100	7	
EA H			s, if ony, which	4.						4		
NA NA			e to immediate	DUE TO, OR	AS A CONSEQUENCE	OF						
Ž		lying cause last.										
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to										
	CERTIFICATION											
-	N E	190 DATE OF	OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?							20. AUTOPSY	'?
1	E E										YES	NO D
-	3 2	210 EXTERNA	L CAUSE WAS	21b. TIME OF		21c. HC	OW INJURY OCCURRE	D (ENTER NATURE O	OF INJURY IN ITEM 18 P	ART 1 OR PART 2		NO A
		UNDERLYING			MONTH DAY YE	AR						
	MEDICAL	214 INTURY O	G CAUSE OF D	21e PLACE O	FINJURY (AT HOME.	216 10	CATION					
	WE	WHILE AT WORK	NOT WHILE		DRY, FARM, ETC.)		STREET	CITY O	RTOWN	COUNTY	Y	STATE
		AT WORK	AT WORK									
		22a. I certif	y that I took charge	e of the remains desc	ribed above, held an	Autap	sy . Inspectio	n X, Inqu	airy . and	d in my apinio	an	
		death resulte	dirom: Nature	al causes X.	Agrident	viced	, Homicide .	Undetermine	manner ,			
		waren .	11	MA	1 41	20	TITLE (SPECIFY)					
		ACTUAL /	Wellin	14601/7	num h	undo	D. Assista	nt MEDICAL S	VAAAINIED	DATE	4/17/	86
	5	and the Late		0	1	- M	D	MEDICAL E	AMINEK	SIGNED_	+/ -//	
4		EXAMINER'S IN	NAME Deni	nis F. Sm	th, M.D.		ADDRESS ]	ll Penn	St.			
-	22a D		ION, REMOVAL 23		23c. NAME OF C		ADDITESS	23d. LOCATIC				
	230.B	BURIAL	IOIN, REMOVAL Z	4/22/86				CITY OR TOWN	4	COUNTY		TATE
		UNERAL DIRECT	TOP.	7/22/00	Arbutus	INE IIIO	rial Park	Arbutu		TDADIC CIO	Md.	
				ADDRESS			ZOO. DATE		TRAR 256 REGIS	STRAR'S SIGN	. wearened	حالاب
E (5))	IV	arch fu	neral Hor	mes IIUI l	ast North	Aven	ue i	ALUSI I	986	- to-on feeting		

STATE OF MARYLAND

STATE OF MARYLAND



	- 1			STATE OF F	MAKILANU		- 4 4 1
1-03351		FOR STATE REGISTRAR	DEP		H AND MENTAL HYG	REG. NO.	0 9 4 1
y be oge 3 deoth		DECEASED NAME PPE OR PRINT)  ROBEA	OBERT S.	MAT	ATTIE, SR.	20 DATE OF DEATH MONTH	9 1986 6.55 PM
e 4 mor	3.	MALE	CAUCASIAN	5. DATE OF BIRT	TH DAY YEAR 07 1921	6. AGE (IN YEARS LAST BIRTHDAY)	FUNDER I YEAR IF UNDER 24 HRS
10 mm	1	BIRTHPLACE (STATE OR FOREIGN	7h CITIZEN OF WHAT COUN	RY? 8 MARRIED	NEVER MARRIED	9 BALTIMORE CITY OR COU	INTY OF DEATH
2011	200	CITY OR TOWN OF DEATH		TREET ADDRESS)		120 USUAL OCCUPATION	NG LIFE) 126. KIND OF BUSINESS OR INDUSTRY
3	Z		UNIVARSITY  OR OTHER INSTITUTION GIVE RESIDENCE E INTY 136, CITY OR	EFORE ADMISSION)	NSIDE CITY LIMITS?	Civil Engineer	CODE /
	20	FATHER'S NAME	TIMORE TOWS	on YES		ME YORKLEIG	H ROAD / 21264
pa   day   82	a	SYLVESTER		771E	ROSE	ADDRESS	MARINO
Poort	2	WAS DECEASED EVER IN U.S. A  (YES NO OR UNKNOWN)  YES  (IF YES G  WW	115 1441 D OD D 1 2561	*** A	nformant n L. Matti	e - Same as #1	3e
e low requires that the death cernin.  has been signed by the attending permit. Then please remove carbo are prior to burral, cremation, or rewy any injury, or other troumatice.	/	Conditions, if ony, which gove rise to immediate couse ioi, stating the underlying cause last.  PART 2 OTHER SIGNIFICANT  At wal, 190 DATE OF OPERATION	DUE TO, OR AS A CONSI	OUENCE OF		MINAL DISEASE OR CONDITION  1200 AUTOPSY?   200. 18	
NG PHYSICAN: The ottending physicia differ this certificate as the buriol-transit th and Mental Hygis orked or tem 18 sho	2	OR COMPRISION OF THE SAME OF DE		DAY YEAR	HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	
ottendin ter this c ss the bur h ond Me	10000	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY, OF		LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTENDIN spitol or CTOR: Affortuse of Health		sow the deceased alive a	n 49 ot) view the body offer dedth.	- 1	in (my) (our) opinion	death occurred on the date and	hour and from the causes stated
TALOR Ay the host ALDIRE (detoched out Dept. If them		226. SIGNATURE	(M)	MD	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED
TO HOSPITAL retoined by th TO FUNERAL should be deter with the Store MPORTANT: It	4	22d PHYSICIAN'S NAME (TYPE	P. BECANI		niv of M	ARYLAND H	OSP. BALTIMORE
BP		BURIAL, CREMATION, REMOVA (SPECIFY)  Burial		23c NAME OF CEMETE Our Lady o		23d LOCATION CITYORTOWN  ds Millersvill	county state  le, Anne Arundel, Mo
DHMH - 16 60M 7/84	24	FUNERAL DIRECTOR	ADDR	1050 York	Rd. 250. DA1	TE REC'D. BY REGISTRAR 256. REC	GISTRAR'S SIGNATURE
(VRA 15, 4)		Ruck Towson Fune	eral Home, Inc.	Towson, Md.	21204 AP	R 1 1 1008	a Varidans Prontego

0-05365		FOR STATE REGISTRAR		STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	S O REG. NO		9 4 2
ge 4 moy be ecto. poge 3		CEASED NAME FRISTI  **CORPRINT)  **A Proposed 4. RA	ACE Black	S. DATE OF BIRTH J. YEAR 36	6. AGE IN YEARS LAST BIR	MONTH DAY  THOAY) IF UNDE	The state of the s
s ofter death	10. C	PORTOWNOF GEATH  20 Stemore My T	NAME OF HOSPITAL, NURS	MARRIED WEVER MARRIED WIDOWED DIVORCED WING HOME OR OTHER INSTITUTION	9 BALTIMORE CITY O	ON 12b.	ATH  LETTING MD.  KIND OF BUSINESS OR  JUSTRY
executed within 24 hour	14 F/	AL RESIDENCE (IF NURSING HOME OR OTHE 17 TE 126 COLINTY  ATHER'S NAME FIRST MIDDL  WAS DECEASE EVER IN U.S. ARMED	Henton	WIN 13d. INSIDE CITY LIMITS? YES NO 1  15. MOTHER'S MAIDEN NA FIRST  LIMITAL TO THE PROPERTY OF THE PROPERTY O	13 e STREET ADDRESS	tonten	: 21207_ llen
death certificate be attending physician cave carbanpapers. Rition, ar removal.		18 CAUSE OF DEATH (Enter only on PART I. DEATH WAS CAUSED BY IMMEDIATE CA	ne couse per line for totalistic for AUSE (a) Probable	25957 Yerry M. Dele Acute Cerebi	Tooles 40 rovalcular pease	Academt .	Apt, IB  APPROXIMATE INTERVAL  ETWEEN ONSET AND DEATH  Years.
in low requires that thin in.  has been signed by the permit. Then please resement prior to buriol, cremines any injury, or ather	CERTIFICATION	underlying couse lost	Mellitu.	D DEATH BUT NOT RELATED TO THE TERM	200 AUTOPSY?	206 IF YES, WERE	PART 110  FINDINGS USED CAUSES OF DEATH?
DING PHYSICIAN: The or ottending physicion of the this certificate I e as the burial-transit of the and Mental Hygie marked or item 18 sha	MEDICAL CERT	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)  21d INJURY OCCURRED  WHILE NOT WHILE LAT WORK	21b TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	19 2H LOCATION SIREET		RY IN ITEM 18 PART I OR	PART 2) UNITY STATE
TO HOSPITAL On ATTEND retained by the haspital of TO FUNERAL DIRECTOR. should be detached for use with the State Dept. of Hece IMPORTANT, if them 21 is n		22e. I certify that (this hospital) as sow the deceased oliver above. (he is it is seen that the see	w the body after death.	DEGREE  ATTENDING PHYSICIAN  22e ADDRESS	, 10	ate and hour and fr	c. DATE SIGNED 4-27-86
TO HOS retoined a retoined by with the IMPORT.	E	BURIAL, CREMATION, REMOVAL SECRETS SUR I A I. UNERAL DIRECTOR		NAME OF CEMETERY OR CREMATORY WOODLAND	23d LOCATION CITY OR TOWN WOODLA TE REC'D. BY REGISTRAN	ND COUN	TARYLAND

DHMH - 16 60M 7/84 (VRA 15, 4)

W.M.C.MARCH F/H INC. 1101 E.NORTH AVE.

250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

DHMH - 16 50M 4/83 (VRA 15, 4)

199 The second of the second of the

Box are hard

4

FOR

DHMH - 16 60M 7/B4

(VRA 15, 4)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE nd that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated 22 DATE SIGNED DIRECTOR PHYSICIAN C STATE Cremation 1986 Silverbrook Crem. Wilmington 24. FUNERAL DIRECTOR 4600 Lib ODREHghts Leroy O. Dyett 8

STATE OF MARYLAND

2b. HOUR

126. KIND OF BUSINESS OR

INDUSTRY

McCabe

The stands the property of the 7 m The Contract of the same and a supplied the same back CON-13 TE LAM STOR Councillation of Parties The was the first the same of the 12/11/12 For -THE COURSE OF THE PROPERTY OF Silver I bustockie bet to

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

						REG.				
	CEASED NAME FIRST		MIDDLE	LAST	VIII CONT	20 DATE OF DEATH		DAY	YEAR 2	h HOUR
(IYP	Ange	la G	· Mc	Carthy-G	ardina	April 2	9. 19	86		9:10P M
4-55	1	4. RACE	110	5. DATE OF BIRTH		6. AGE (IN YEARS LAST		IF UNDER	RIYEAR	F UNDER 24 HRS
1	Female	White		Jan.	26, 1913	73	YRS.	MONTHS	DATS	HOURS MIN.
7a. B	COUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	MARRIED TN	IEVER MARRIED	9. BALTIMORE CITY	OR COUNT	Y OF DE	ATH	
A	Maryland	U.S.A	. •	WIDOWED	DIVORCED	Baltimo	re Ci	ty,		M
	altimore	(IF NOT IN SUC	HOSPITAL, NURSING HEACILITY, GIVE STREET and Gene:			120 USUAL OCCUPA (TYPE OF WORK FOR MOS Ret. Co.P	Tion Telep	hone	KIND OF USIRY Co.	Opera
13a :	STATE  Aryland  Baryland	LE OR OTHER INSTITUTION OUNTY	Parkvil	E ADMISSION)	SIDE CITY LIMITS?	130.STREET ADDRESS	zip coi ndover	Rd.	213	234
MJE	James	MIDDLE	Ègan	15. MC	OTHER'S MAIDEN NA	UNKNOWN.			LAST	
16a \	WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES	ARMED FORCES?	217-26-1		· Joseph	L. McCarth	ress 7 <b>Sam</b>	e as	#130	9
	18 CAUSE OF DEATH (Ente	r only one couse per	line for (o), (b), on	d ic				ВІ	APPROXIMA	ATE INTERVAL
	PART I. DEATH WAS CA	USED BY:	Probable	Sepsis						
	Conditions, if ony, which gove rise to immediate	(b)_	r as a consequi	ENCE OF						
ATION	gove rise to immediate couse (a), stating the underlying couse lost  PART 2. OTHER SIGNIFICAL  Metastatic	DUE TO, O  (c)  NT CONDITIONS CO	R AS A CONSEQUI	ence of <u>Death</u> but not re						SS LISED
TIFICATION	gove rise to immediate couse (o), stating the underlying couse lost  PART 2. OTHER SIGNIFICAL  Metastatic  19 DATE OF OPERATION  April 251	DUE TO, O  TONDITIONS CO  Adenoca  986 196 Rule	R AS A CONSEQUE  DITRIBUTING TO  TCINORA  IFOOLOGY  TO THE	DEATH BUT NOT RE		200 AUTOPSY?  YES NO	20b. IF Y	ES, WERE	FINDING	GS USED OF DEATH? NO
CAL CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse lost  PART 2. OTHER SIGNIFICAL  Metastatic  19 April 25   19 April 25   19 April 26   19 April 27 April	DUE TO, O  TO CONDITIONS CO  Adenoca  986 196 R010  986 R010  21b. Time of Hour A.	R AS A CONSEQUI	DEATH BUT NOT RE  CREATION WAS  CONTROL   PERFORMED	20a AUTOPSY?	20b. IF Y IN CERT	ES, WERE FIFYING C YES	FINDING AUSES C	F DEATH?	
MEDICAL CERTIFICATION	gove rise to immediate couse (0), stating the underlying couse lost  PART 2. OTHER SIGNIFICAL  Metastatic  PAPT 1 25.  April 28.  21a. ACCIDENT WAS UNDERLYING	DUE TO, O  OT CONDITIONS CO  Adenoca  966 PROTE  CONDITIONS CO  Adenoca  198 Rect  CONDITIONS CO  Adenoca  198 Rect  CONDITIONS CO  Adenoca  21b. Time CO  HOUR AA  HOUR AA  INNER]  21e. PLACE	R AS A CONSEQUI	DEATH BUT NOT RE  CRESTING  CRESTION   PERFORMED	200 AUTOPSY? YES NO	20b. IF Y IN CERT	ES, WERE FIFYING C YES	FINDING AUSES C	F DEATH?	
	gove rise to immediate couse (o), stating the underlying couse lost  PART 2. OTHER SIGNIFICAL  Metastatic  19 DATE OF OPERATION  April 20  210. "Accident was underlying or contributing or cause of the international contribution of the international course of the international cours	DUE TO, O  TONDITIONS CO  Adenoca  986 198 RUT  198 Rect  10 Time O  HOUR A.  10 PLACE (AT HOME STI	R AS A CONSEQUI	DEATH BUT NOT RE  CRESTING WAS  NCTION  AY YEAR  19  211. LC  APPLIL 23	PEDERAGE OW INJURY OCCUR  DOCATION STREET  1, 19  10  My) (our) opinion	200 AUTOPSY?  YES NO	20b. IF Y IN CERT	ES, WERE FIFYING C YES  COL COL DOUR OND from	FINDING AUSES C	STATE  of X (we) los uses stoted
	gove rise to immediate couse (o), stating the underlying couse lost part 2. OTHER SIGNIFICAL Metastatic 19 April 20 1 20 1 20 1 20 1 20 1 20 1 20 1 20	DUE TO, O  CO  NT CONDITIONS CO  Adenoca  986 198 Rul  21b. TIME O HOUR A.  NINER! P.  21c. PLACE (AT HOME STI  21d. THOME STI	R AS A CONSEQUI	DEATH BUT NOT RE  CREATION WAS  CONTROL  APPRIL 211 LC  APPRIL 23  APPRIL 23  DEGREE	PEDEPRESE  OW INJURY OCCUR  DOCATION STREET  1. 19  In My) (our) opinion  ATTENDING PHYSICIAN [	200 AUTOPSY?  YES NOW  RED (ENTER NATURE OF IN  CITY OR  10 APPL  deoth occurred on the	20b. IF Y IN CERT	ES, WERE FIFYING C YES  COL COL DOUR OND from	FINDING AUSES C PART 2) JINTY  6 th om the co	STATE  of X (we) los uses stoted
	gove rise to immediate couse (0), stating the underlying couse lost PART 2. OTHER SIGNIFICAL METASTATION APPLIED PERATION APPLIED 28.  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSEO (16 ETHER NOTIFY MEDICAL EXAMALY WORK NOTIFY WORK NOTIF	DUE TO, O  CC  DUE TO, O  CC  Adenoca  986  198  Rect  218. TIME O  HOUR A.  NINER!  P.  21e. PLACE  (AT HOME STI  not view the body  TO THE PRINT)	R AS A CONSEQUI	DEATH BUT NOT RE  CREATION WAS  CONTROL  APPRIL 211 LC  APPRIL 23  APPRIL 23  DEGREE	PEDERAGE  OW INJURY OCCUR  DOCATION STREET  1, 19  ATTENDING PHYSICIAN [ DDRESS	200 AUTOPSY?  YES NOW  RED (ENTER NATURE OF IN  CITY OR  deoth occurred on the	206 IF Y IN CERT	ES, WERE TIFYING COVES 19 COU	FINDING AUSES C. AUSES C. thoom the co. DATE SI	STATE  of X (we) los uses stoted

DHMH - 16 60M (VRA 15, 4) Leonard J. Ruck, Inc.

101: | 05:01 .00 IATES BELLIEBO- WHITEHOLD · PERMAN Sten .es .ort .a. .II molecules a Marylan contract that the contract of administration AMOUNT TOUR VEHICLES VIEW TO A TOUR and the second of the second o Asvil 25, 1926 File Out Detailling Indused II April 2 , 1716 coses "buttomeston n , es cirque for the section . On the section of maiting, meritia Tonous of Unit 18-1-7 Lapourd J. Euck, Lac. Cultimore, Md. | Reference Application

STATE OF MARYLAND

Dulaney Valley

ADDRESS 1050 York Rd.

5-3-86

Ruck Towson Funeral Home, Inc. Towson, Md. 21204

Cockeysville,

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Balto.

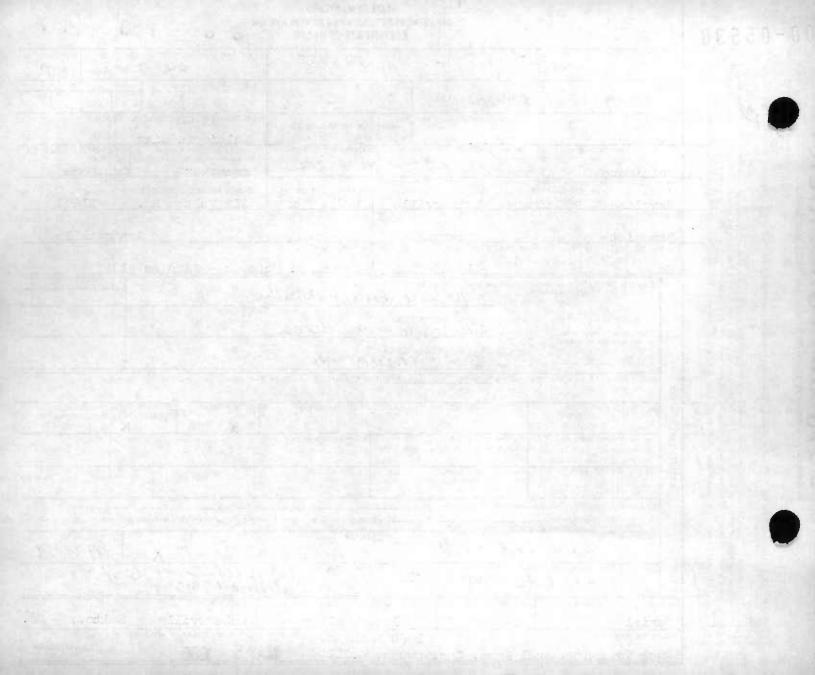
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DHMH - 16 60M 7/B4 (VRA 15, 4)

Burial

24 FUNERAL DIRECTOR

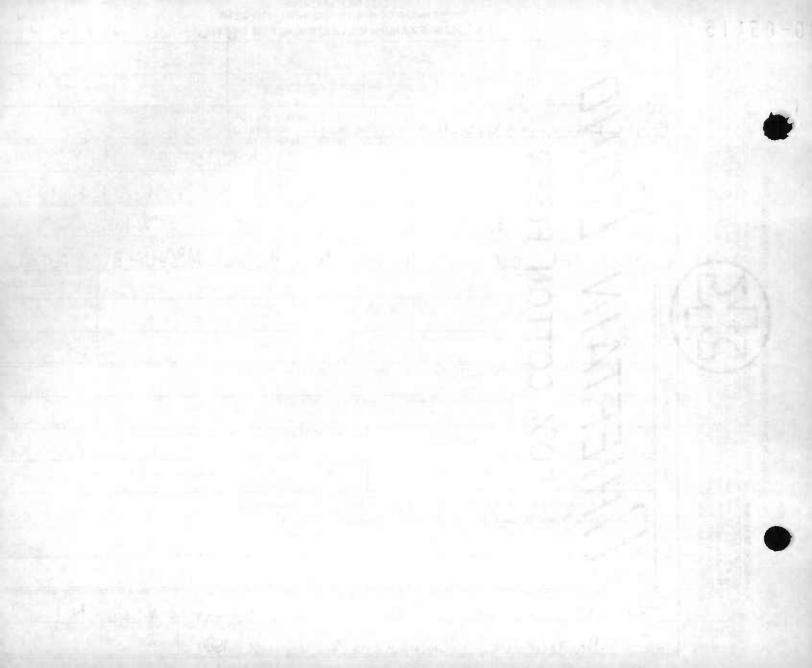
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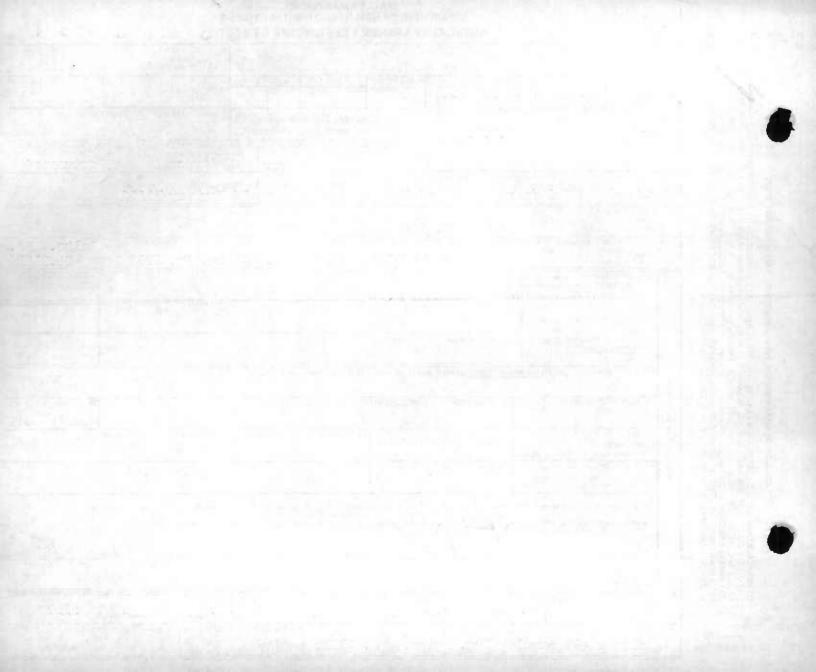
		FOR			DEPARTMENT OF		MARYLANI		CIENE				
00-02586	1	- STATE REGISTRAR			DICAL EXAMIN					1	0	4 4	9
00 02300	1.	DECEASED NAME	FIRST		WIDDLE	TER 3	LAST	AILOI	-	REG. NO		DAY YEAR	26. HOUR
W 21.00 C	1	TYPE OF PRINT)	Cooxe	<b>*</b>	W.	Ma	0			KNOWN ESTI-	3		
REFERENCE	3.3	SEX	Georg	5. DATE OF BIRTH	6. AGE (IN Y		Cray	IF UNDER 24			MONTH	1 19 86	
Z HECK		Male	White	MONTH DAY	1931 55 Y	DAY) MONT			PRONOL	INCED	4	1 00	24 HOUR 2:40 p M
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SE S	5	Vest Vir	rinin				IED NEVE			_	_		
NECESSARY, PLEASE FUNERAL DIRECTOR. FOR YOUR FILES. D.WITHIN 72 HOURS WEESTON STREAT.	10.	CITY OR TOWN	OF DEATH .	11. NAME OF HOS	S. A. SPITAL, NURSING HOM	WIDOV	2.5	DIVORCED	2a USUAL OCC	1timore	2 CIT	12h KIND OF B	MD.
≥ 其 3 温 A /	0	Baltimo		(IF NOT IN SUCH FA	ACILITY, GIVE STREET ADDRESS)				FOR MOST OF WO	DRKING LIFE)		OR INDUST	TRY
ASP ASS	US	UAL RESIDENCE			gnes Hospid				Securit		-073	Gas&Ele	in .
8/ 59598	130	state	136. COUNT		13c. CITY OR TOWN		13d INSIDE CITY	Y LIMITS? 13	3. STREET ADDI	RESS	21	1263	5
o de de	100	FATHER'S NAME			Baltimore	3	YESXXX	NO L	490 30	u ch Bru	nswic	k Stree	et
* H-180	5	Donze]		MIDDLE	LAST M. Connection		FIRS	ST		MIDDLE		LAST	
8 2325	160		EVER IN U.S. ARM	ED FORCES?	McCra;		17. INFORMA	alla		lerele		McCra	ıy
AL SERVICE SER		(YES, NO, OR UNKNO	WN) (IF YES, GIVE W	AR OR DATES)	233-46-02					ADDALSS	West	Virgini	la
BAL) JRS AF WITH T. PAG DIVISI	/ <u> -</u>		DEATH /FI			29	Ivalla	Fi. Fic	cCray Ge	nerall	elive		
ST A 18 A 1		PARTIDE	ATH WAS CALLSED	DV	e far (a), (b), and (c).)							APPROXIMAT BETWEEN ONSE	ET AND DEATH
PRESTON ITHIN 24 F DIL IN ITEA AVER ALON AVER HYGIEN REMOVAL	7	7 89	O ZIMMEDIATE		ke inhalati		na thei	rmal 1	njury		-		
E HY		Candition	s, if any, which	501 10, 0K	AO A CONSCOUNCE	Oi						1 6.13	
WIT WIT WIT AND			e to immediate stating the under-	(b)	AS A CONSEQUENCE	20							
SOLV STED IN PE EXAM STAL STAL		lying caus		DOL 10, OK	AS A CONSEQUENCE	Or							
		PART 2 OTHER SIG	NIFICANT CONDITIONS C	ONTRIBUTING TO DEATH	DUT NOT RELATED TO THE TER	MINAL DICEAS	C OB CONOLTION O	CONTAIN BARY				1	
RECORDS, LD BE EXEC PENDING" MEDICAL PASA BUI FOREMATI	1 2		1	DATE OF THE STATE	SOL HOL KEENIED ID THE TEN	NINAL UISEAS	E UK CUMUIIIUM (	GIVEN IN PAKE	1 (0)				
PEN		190. DATE OF	OPERATION	196 CONDI	TION FOR WHICH OPE	RATION W	AS PERFORM	AED?				20 AUTOPSY	/2
OF VI THE OTHER OF VI THE OTHER OF VI THE OTHER OTHER OTHER OF VI TO BU		210 EXTERNA	L CAUSE WAS	216. TIME OF	INJURY	21c H	OW INJURY C	OCCURRED	IENTER NATURE OF I	NJURY IN ITEM 18 P	PART I OR PAR	YES	NO X
NO THE STANFOLD IN	3		OR IG CAUSE OF D		MONTH DAY YEA $4 - 1$ 1986	R	use fi						
DIVISION S CETTIFIC RITING TH REDED TO FE DEPARTY OI PRIGR.		21d INJURY O		21e PLACE C	OF INJURY (AT HOME.	211 LO	CATION	re					
NRIIS CI NRI	2 3	WHILE AT WORK	NOT WHILE X		TORY, FARM, ETC.)	49	6 S. Bi	runor.ii	CITY OR T		COU	NTY	STATE
RW/ RW/ STA STA	4							-	ck St,				MD.
UNER: THIS CERTIFICATE SHE FICATE, WRITING THE WORE FICATE, WRITING THE WORE E FORWARDED TO THE CH TTOR: PAGE 3 SHOULD BE U 1 THE STATE DEPARTMENT ON	30				ribed obave, held an	Autap	-		X, Inquiry		d in my api	nian	
AAM REFERENCE OF THE PARTIES OF THE		death resulte	d trom, Natura	causes	Academi A., S	bicide	, Hamicid		Undetermined n	nanner,			
A NOTE OF THE PROPERTY OF THE		ACTUAL /	Melle	1120 78	murphold.	(11)	TITLE (SPE				DATE	1/2/	00
SHC	7	SIGNATURE_	- 0-000	~	1	M M	.D. ASS1.9	Stallt	MEDICAL EXA	MINER	SIGNED	4/2/	86
AMED CUTE FUN TIMK	40	EXAMINER'S N	NAME Denr	nis F. Sm	yth, M.D.		ADDRESS	111 P	enn St.	Balto	O.MD.		
TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE. VENDERAL BE FORW. TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE SIX BALTIMORE, MARYLAND, 217	230	BURIAL, CREMAT	ION, REMOVAL 23		23c NAME OF CE				23d. LOCATION	201.00			
07/84 BP		(SPECIFY) Bur		4-5-86	McCray				CITY OR TOWN	Lewis	COUNT	t Virgi	TATE Då D
25M DHMH - 17	24	FUNERAL DIRECT	OR					o. DATE REC	D. BY REGISTR	AR 25h REGIS	STRAR'S SI	GNATURE	IIIa
(VR A15 ME (5))		Marzullo	Funeral	Service	Upperco, M	13.	13-13-15	AP	R 0 4 19	36 Julia	· Dave	Hora-Aland	اعلاك
					- FF - 2 0 0 11.				1 .0.				

		1	FOR					AARYLAND I AND MENTAL I	LYGIENE				
0-05	5415	1-	STATE REGISTRAR					ERTIFICATE		REG. NO	0	9 5	Ü
0 0.	3 4 1 0	1. DE	ZEASED NAME	FIRST		MIDDLE		LAST	2a. D/	ATE KNOWN TX		DAY YEAR	26 HOUR
	8448F /	TYP	E OR PRINT)	Anthony			McC	allough	DE	OF ESTI-	4/	30/19 8	6
	A REGIETOR	3 SEX		S. C	DATE OF BIRTH		IN YEARS IF UN		24 HRS. 2c. [	DATE	MONTH	DAY YEAR	
	N S. H		ME	3 1	c 13	63 22	YRS MONT	DAYS HOURS	MIN. PRON	OUNCED DEAD	4/	30/19 8	
1	SSAR SAL E PIN HIN	70 B	RTHPLACE (STATE OR	76.	CITIZEN OF WH		10	ED NEVER MARR	9. BA	LTIMORE CITY OF	R COUNT		Y A M
	S NECESSARY, PLEASE FUNERAL DIRECTOR. E 5 FOR YOUR FILES. D, WITHIN 72 HOURS W. PRESTON STREET.		reign country) Md		U.S	, A .	WIDOW		[7]	altimore	City	7.	MD.
The same	AY IS N THE PL THE PL PILED.	10. C	TY OR TOWN OF DEA	TH 11.		PITAL, NURSING HE		ER INSTITUTION	12a USUAL O	CCUPATION (TYPE		OR INDUS	
	AND DELAY IS AND 3 TO THE FRETAIN PAGE FOLLO BE FILED, RECORDS, 201 V	1	Baltimore		Univers	ity Hospi	ital		Chau.			Glass	5
100	ANY DANY DANY DANY DANY DANY DANY DANY D	USU/	L RESIDENCE (IF IN NUR	ISING HOME OR OTI	HER INSTITUTION, GIV	130 CITY OR TOW	MISSION)	13d. INSIDE CITY LIMITS?	13e STREET A	DDRESS		^ .	100
. 212	AND		Md.			1 1 2 1 1	o ·	YES 🛛 NO 🗆	709		19	Rd 2	1229
WD	TH. IF. 17.2, A 3. 50.2 SH	14. F	THER'S NAME	M	ODLE	LAST L		15. MOTHER'S MAID		MIDDLE	Cil	LAST	
ORE,	OF AN P		Jack		Mac	ullough	<b>\</b>	Avern	ell	W	ithe	rspoon	
BALTIMORE, MD. 21201	FOR JON	16a. \	VAS DECEASED EVER	(IF YES, GIVE WAR	OR DATES)	166 SOCIAL SECU		17. INFORMANT	11	ADDRESS	. 1	0.7	11 1
BAL	S AI GIV PAC IVIS		yes		84	1213-49.	-6666	Mrs. Hy	evnell	INI CUITO	ugh	APPROXIMA	hnal
ST.,	A TB.		18 CAUSE OF DEATH PART I DEATH W.	H (Enter anly or AS CAUSED BY	ie cause per line :	far (a), (b), and (c).	)					BETWEEN ONS	
ON	ITEA ITEA ION GIER VAL			IMMEDIATE C		AS A CONSEQUEN		: Wound to	Head		-		
RES	HIN SR A NSIT EMC	-	Conditions, if o										
W. P.	ENCINE NIA NIA		gave rise to cause (a) stating		DUE TO, OR	AS A CONSEQUEN	CE OF						
201	EXA PEC		lying cause last.		(c)								
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	E SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH, WORD "PENDING" IN PENCIL IN ITEM 1B. GIVE PAGES 1, SHE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 9 BE USED AS BURIAL - TRANSIT PERMIT. PAGES 1 AND 2 SHIT OF HEALTH AND MENTAL HYGENE, DIVISION OF VITAL BURIAL, CREMATION, OR REMOVAL.		PART 2 OTHER SIGNIFICANT	CONDITIONS CONT	1-/	OUT NOT RELATED TO THE	TERMINAL OISEAS	E OR CONDITION GIVEN IN PA	ART 1 (a)				
0	NDI NDI NEDI AS A ALTH CREA	NO											
1 8	SED AL,	CERTIFICATION	19a. DATE OF OPERA	TION	196. CONDIT	ION FOR WHICH C	PERATION W	AS PERFORMED?				20 AUTOPS	13
ZIV.	X 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	THE I										YES 💢	NO 🗆
P.	¥#±3×P	U	UNDERLYING X		216. TIME OF HOUR AM	MONTH DAY		DW INJURY OCCURRE	D (ENTER NATURE	OF INJURY IN ITEM 18 P.	ART 1 OR PAR	RT 2)	
NO.	E P C S S S S S S S S S S S S S S S S S S	MEDICAL	CONTRIBUTING C	AUSE OF DEAT	11 8:40P.M.			subject sho	ot				
N N	HIS CERTIF WRITING: /ARDED TO AGE 3 SHO ATE DEPAR	MED	WHILE AT WORK AT W	MHITE A		ORY, FARM, ETC.)		TREET	CITY	OR TOWN	cou	INTY	STATE
	JATE, THIS GER CATE, WRITIN FORWARDED OR: PAGE 3 S HE STATE DEP ND, 21201 PR		AT WORK AT W	ORK X	str	reet	1380		Frankli	n St., B	Balto	. City,	Md.
	SHE SHE		22a. I certify that I	took charge of	the remains desi	cribed above, held o	Autop		in . Inq	Juiry L. one	d in my op	inion	
	STEECT STEECT STATE OF STATE O		death resulted from	: Natural co	ouses 🔲,	Asidea	Syricide	, Homicide X	Undetermine	ed manner,			
	WAN WAN		ACTUAL		X	1) \	/	TITLE (SPECIFY)			DATE	1/20/	00
	SHE SHE		SIGNATURE		/		M	.D. <u>Assistar</u>	T_MEDICAL E	XAMINER	SIGNE	4/30/	86
	PER DIAME		EXAMINER'S NAME (TYPE OR PRINT)	Grego	rv R. Ka	uffman, N	A.D.	ADDRESS 1	1 Penn	St.			
	TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PY AFIER DEATH, WITH THE STI BALTIMORE, MARYLAND, 2	23a. B	JRIAL, CREMATION, RI					R CREMATORY	123d. LOCATIO	ON		IFW.	
07/84	BP		Burial	5	-5.8L	GAR	Rison	Forest.	Ow		ILS COUN	Md	STATE
25M	DHMH - 17	24. F	UNERAL DIRECTOR	15/10/16	ADDRESS.		45.5	25a. DATE	REC'D. BY REGI	STRAR 256 REGIS	TRAR'S S	IGNATURE	
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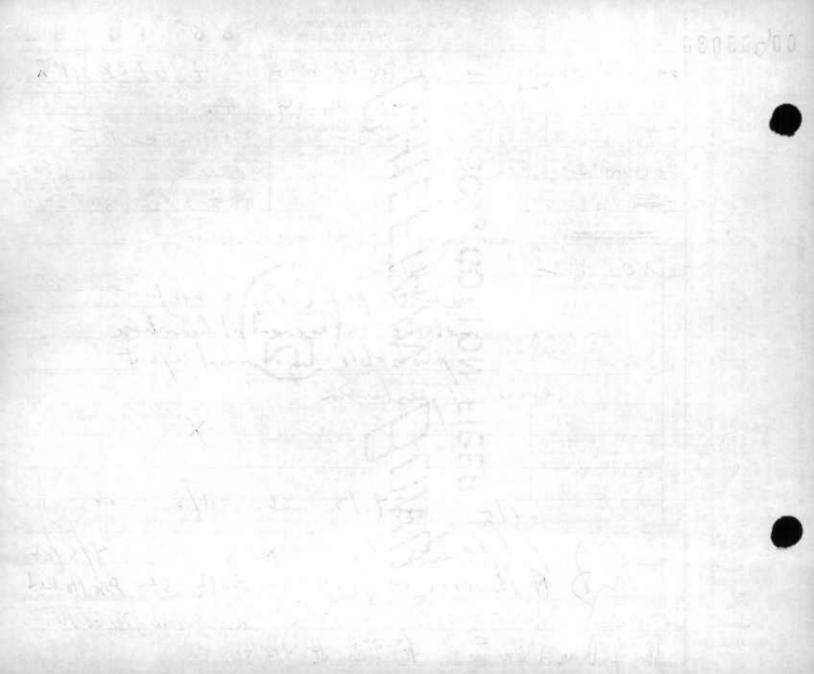


FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATHS REGISTRAR REG NO DECEASED NAME 20 DATE KNOWN 2h HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED 29/ 86 19 ELENA Mae McDermott. SEX 4. RACE 5. DATE OF BIRTH & AGE IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE 24 HOUR 1:30 YEAR LAST BIRTHDAY) DAYS PRONOUNCED DEAD Fémale White 23 1941 44 29/19 86 9. BALTIMORE CITY OR COUNTY OF DEATH In BIRTHPLACE (STATE OF 7b. CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED FOREIGN COUNTRY) Maryland U.S.A. WIDOWED DIVORCED Baltimore City ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY Waitress Restuarant Francis Scott Key Medical Center Baltimore Baltimore 13c. CITY OR TOWN 13e. STREET ADDRESS 3a. STATE 13d. INSIDE CITY LIMITS? 76 Yorkway/21222 Maryland Dundalk NO X YES | 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Easton Mary Jessie Gormen 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 7 INFORMANT 16h SOCIAL SECURITY NO ADDRESS Balto., Md. YES, NO, OR UNKNOWN) ( IF YES, GIVE WAR OR DATES 218/42/3337 Robert E. Helton, Jr. 7513 Lange St. 21224 No APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY: AND MENTAL HYGIENE, ATION, OR REMOVAL. Arteriosclerotic Cardiovascular Disease IMMEDIATE CAUSE (o)\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF SED AS A BURIAL-HEALTH AND MER AL, CREMATION, C lying couse lost. DIVISION OF VITAL RECORDS. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (D) CERTIFICATION INER: IT...
ICATE, WRITING...
F. FORWARDED TO THE ...
CTOR.: PAGE 3 SHOULD BE USED...
STATE DEPARTMENT OF HEAI
TOTAL SHOULD BURIAL, CT...
SPICE TO SPICE 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES Y NO 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21d. INJURY OCCURRED 211 LOCATION TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE 8 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 31 AFIRE DEATH, WITH THE STATE DE BALLEMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK Autopsy 220. I certify that I took charge of the remains described above, held an Inspection Inquiry and in my opinion death resulted from: Notural couses Homicide Undetermined monner TITLE (SPECIFY) ACTUAL DATE 4/30/86 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME TYPE OR PRINT Gregory R. Kauffman, M.D. 111 Penn St **ADDRESS** 230. BURIAL, CREMATION, REMOVAL 23b. DATE 236 NAME OF CEMETERY OR CREMATORY 3d LOCATION STATE Burial Oak Lawn Cemetery Baltimore, Maryland 21224 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR (25) REGISTRAR'S SIGNATURE **DHMH - 17** Walter Brooks Bradley Inc. Balto., Md. 21222 mila Daydon Jandalle (VR A15 ME (5))

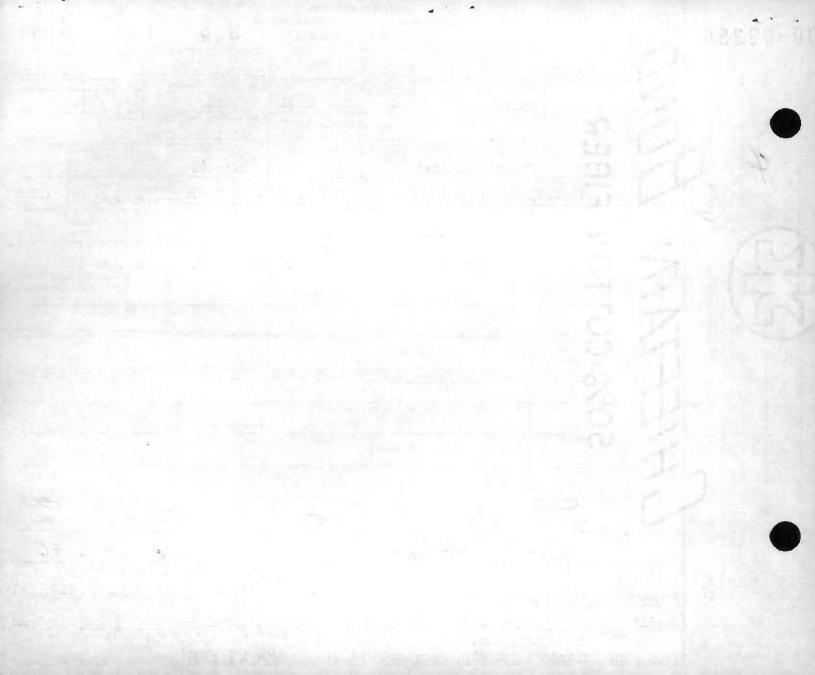
STATE OF MARYLAND



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hos been prior permit.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	HOPERATION WAS PERFORMED	INC	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?
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Starth Fage 4 may be nearly kneets; page 3 mr 77 have after death	3. SE	Fewale  RTHPLACE (STATE OR FOREIGN 76 CIT  COUNTRY COU	MEKEN NO S. DATE COUNTRY? B. IZEN OF WHAT COUNTRY? B. WIDOWE	DE NEVER MARRIED DE DIVORCED DE DIVORCED	20 DATE OF DEATH MONTH DATE OF DEATH MONTH DATE OF DEATH MONTH DATE OF DEATH MONTH DATE OF DEATH DATE OF DEATH DATE OF DEATH DEATH DATE OF DATE	3'CZAM  FUNDER I YEAR IF UNDER 24 HRS  ONTHS DATS HOURS MIN.
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALLIMO ING PHYSICIAN: The low requires that the death certificate be any other ding physician. Where this certificate has been signed by the attending physician on the buriol-transit permit. Then please remove carbon papers. Plain the and Mental Hygiene prior to buriol, cremation, or removal. orked or them 18 shows any injury, or other troumatic event, the first orked or them 18 shows any injury.	CERTIFICATION	PART 2 OTHER SIGNIFICANT CONDITION  UGI WROCH 190. DATE OF OPERATION  190. DATE OF OPERATION		NOT RELATED TO THE TERMI	NAL DISEASE OR CONDITION GIVE  Q 1 U V C  200 AUTOPSY?  YES NO YES	WERE FINDINGS USED ING CAUSES OF DEATH?
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DHMH - 18 60M 7/84 (VRA 15, 4)		UNERALDIRECTOR Ck Towson Funeral I		TOTIS ION .	REC'D. BY REGISTRAR 256 REGISTRA	AR'S SIGNATURE

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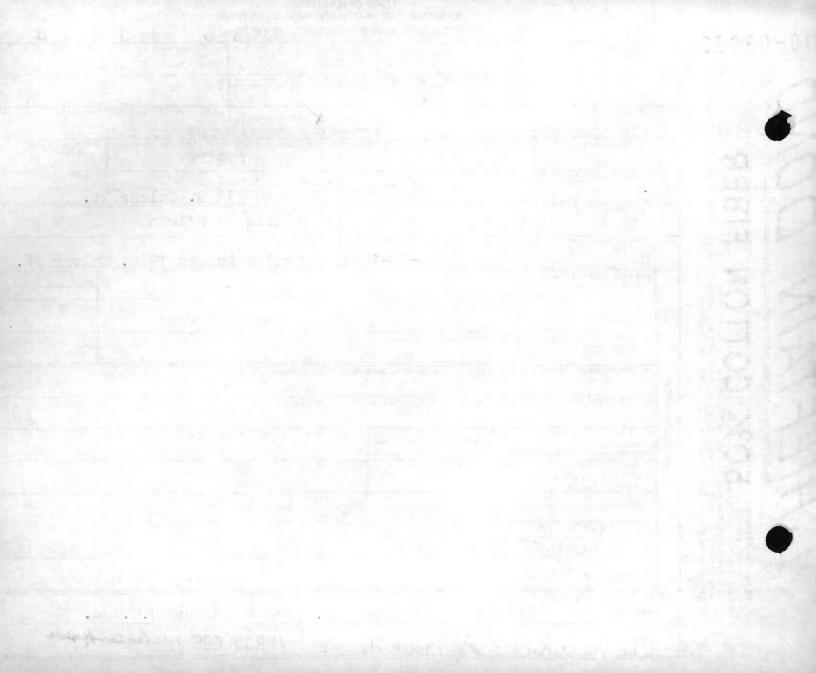
## STATE OF MARYLAND

8	REG.	NO.		0	
TE OF	DEATH	MONTH	DAY	YEAR	

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	1 SE)		4 RACE		SPERIN 1		6. AGE (IN YEARS LAST		IF UNDER I YEAR	IF UNDER 24 HRS
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J		BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF	CEMETERY OR CRI		23d LOCATION			4140
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME KNOWN X 26 HOUR (TYPE OR PRINT) ESTI-W. DEATH MATED 25/19 86 McNally Sr. 4/ Robert 4 RACE 5 DATE OF BIRTH IF UNDER 1 YR IF UNDER 24 HRS DATE MONTH DAY YEAR LAST BIRTHDAY) PRONOUNCED Male White 18 26 59 DEAD PM 19 86 YRS To. BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland USA DIVORCED X WIDOWED Baltimore City 10. CITY OR TOWN OF DEATH IT. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126. KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY 21218 Maintenance Ledgen Farms Memorial Hospital Baltimore USUAL RESIDENCE HEIN NURSING HOME OR OTHER INSTITUTION BALTIMORE, MD. 21201 130 STATE 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Baltimore 3449 Chestnut Ave. YES X NO [ 21211 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE William McNally Fanny Shaeffer 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) 214-20-6258 yes Myrtle McNally 3330 Chestnut Ave. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) APPROXIMATE INTERVAL DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Arteriosclerotic Cardiovascular Disease IMMEDIATE CAUSE (a)\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? E 3 SHOULD DE COLLE DE PARTMENT OF L ONLY NO 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 21d INJURY OCCURRED 211. LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, FTC.) STREET CITY OR TOWN COUNTY STATE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PY AFTER DEATH, WITH THE STANDE, AMARYLAND, 2 220. I certify that I took charge of the remains desarting Active, Distay Autopsy Inspection and in my opinion deoth resulted fram: Numeral Suicide Hamicide \_\_\_ Undetermined manner TITLE (SPECIFY) ACTUAL 4/26/86 M.D. Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. 111 Penn St. (TYPE OR PRINT) ADDRESS. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE Burial 4/29/86 Lorraine Park Cemetery Baltimore Maryland 07/84 24 FUNERAL DIRECTOR 256 REGISTRAR'S SIGNATURE **DHMH - 17** 8 Alan Seitz, Jr. 3615-19 Chestnut Ave. (VR A15 ME (5))

STATE OF MARYLAND

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DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requir of offending physician. Her this certificate has been sig as the burial-transit permit. Then th and Mental Hygiene prior to b orked or frem 18 shows any injury	MEDICAL CERTIFICATION	210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA	21b. TIME OF INJURY HOUR A.M. MONT P.M. 21e PLACE OF INJURY	H DAY YEAR  19  211. LOCATION	IN CERT	'IFYING CAUSES OF DEATH? YES \( \begin{array}{cccccccccccccccccccccccccccccccccccc
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DHMH - 16 60M 7/84 (VRA 15, 4)	24 FU	DS65014 L. R	4887722	DRESS 1	TE REC'D. BY REGISTRAR 256, REGISTRA	STRAR'S SIGNATURE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR I DECEASED NAME LAST McNeil 2a. DATE OF DEATH MONTH 26 HOUR CLAUDIA MONEIL 4. RACE 1 SEX 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 98 Black Female. Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH HINTHILACE ISTATE OR FOREIGN MARRIED | NEVER MARRIED BALTIMORE CITY. North Carolina WIDOWED DIVORCED T CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BAI TIMORE LUTHERAN HOSPITAL ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 13. STREET ADDRESS, ZIP CODE 2807 W. Mulberry Street 21223 130. STATE Baltimore Maryland I FATHERS NAME 15 MOTHER'S MAIDEN NAME MIDDLE Purce 11 Purce 11 William ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT Robert Collins 3229 Elmley Avenue 217-07-2430 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY: SEPPTIC SHOCK-IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 190 DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 210. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

> 22a.1 certify that (1) (this hospital) attended the deceased from\_ the deceosed olive on \_ above, (1) (we) (did) (did not) view the bady ofter death 22h SIGNATURE

21d INJURY OCCURRED

(AT HOME STREET, FACTORY, OFFICE, FARM ETC.)

22e ADDRESS

211 LOCATION

ATTENDING PHYSICIAN DIRECTOR PHYSICIAN

230 BURIAL, CREMATION, REMOVAL

236 NAME OF CEMETERY OR CREMATORY Eastview Mem. Pk.

BURIAL 24 FUNERAL DIRECTOR

March Funeral Homes 1101 East North Avenue

4/28/86

21e PLACE OF INJURY

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE grena Daydon Mandales

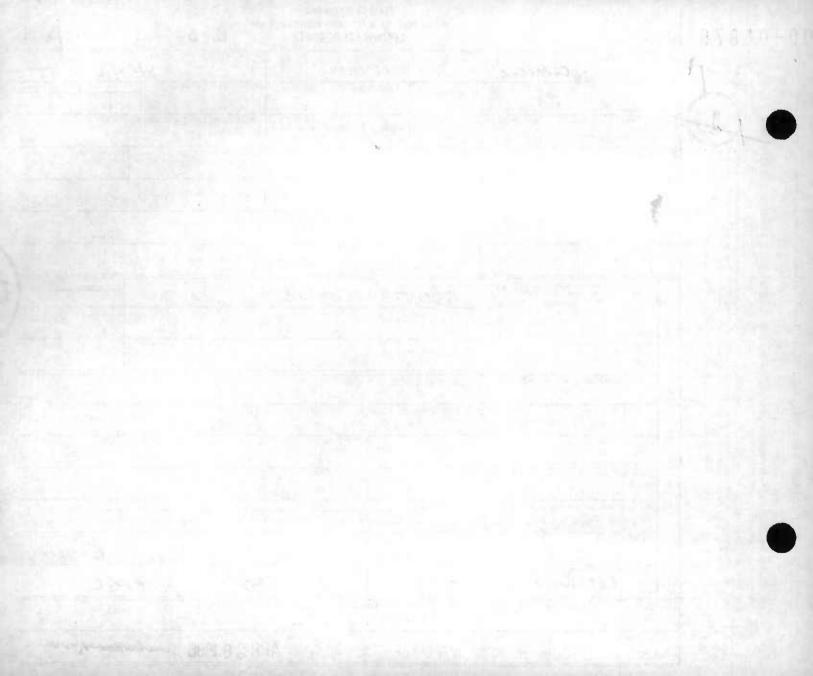
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CITY OR TOWN

and that in (my) (our) opinion death accurred an the date and haur and fram the causes stated

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DHMH - 16 60M 7/84 (VRA 15, 4)



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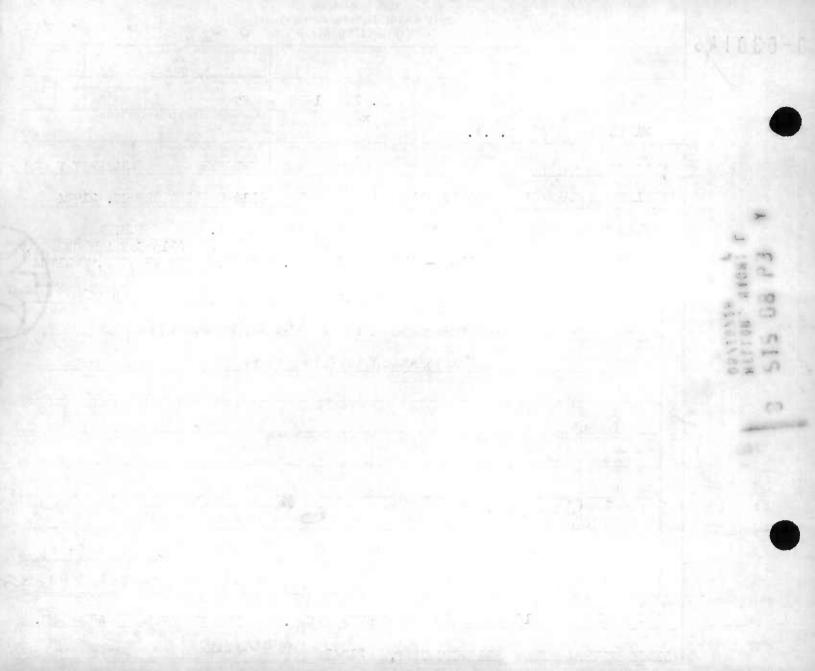
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STATE OF MARYLAND

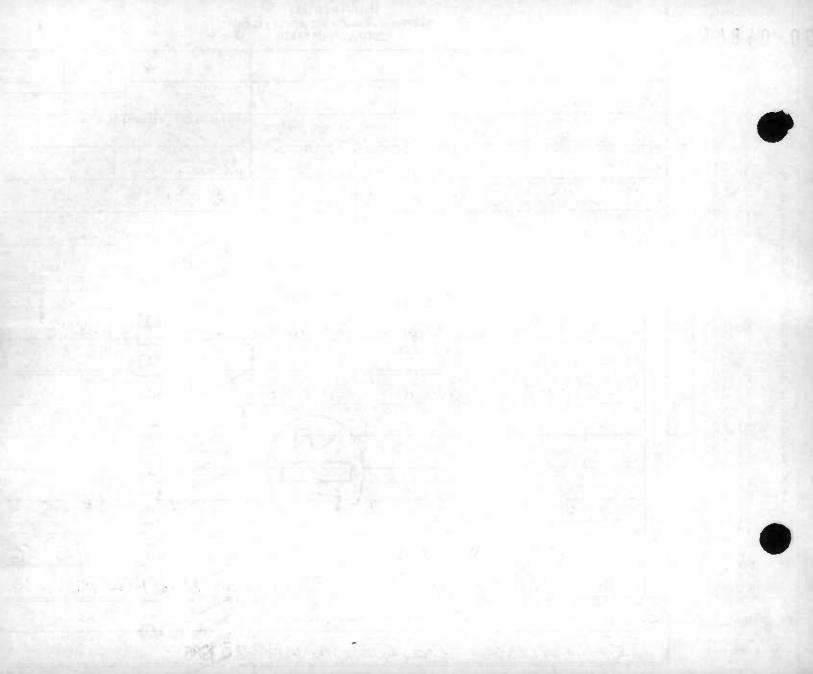
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	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	80	109	6 5
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11/	(TYPE OR PRINT) NAOM	I LOUISE	MELLOR	APRIL 7.		11;30A <sub>M</sub>
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060	FATHER'S NAME	MIDDLE GEOR		I.	PUMPH	
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ITAL OR A'S the hosp the hosp the hosp the hosp that DIREC detoched that the best to the NT: If Item		226. SIGNATURE	(eamey M	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED 4/25/86
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DHMH - 16 50M 1/76 (VR A 15 (4))	24. FU	NERAL DIRECTOR	elleps 1721	N. Moma St. APR	REC'D. BY REGISTRAR 256. REGIST	



		FOR			DEPA		E OF MARYLAND IEALTH AND MENTAL HY	GIENE	1	0 9	6 /
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oy be oy be deoth C C C		CEASED NAME FINANCE OR PRINT) WILL	IAM		OMAS	MELZE	R	20. DATE OF DE		1/86	8:15 am
t moy v. pog fter de	3. SE		4	RACE		5. DATE O	DAY YEAR	6. AGE (IN YEARS	LAST BIRTHDAY)	IF UNDER TYEAR	IF UNDER 24 HRS HOURS MIN.
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		Maryland	1	u.s.		MARRIE		BALTI	MORE CI	Ϋ́	MD.
	(B)	LTIMORE CIT	Y S	St. Agi	nes Hosp	oital	OR OTHER INSTITUTION	Peputy D	CUPATION COT OF WORKING LICE COT	12b. KIND ( INDUSTRY  Fnair	Traffic
MARYLAND 2120 ed within 24 hours miplicial, filled and 2 shouldine fill hooming	13a. S	AL RESIDENCE (IF NURSING) TATE Maryland	COUNTY	imore	113, CITY OR TO	FORE ADMISSION) SVILLE	13d INSIDE CITY LIMITS?	13e STREET ADD	RESS / ZIP COI	Rvenue	21228
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BP		urial, cremation, ren Burial		236 DATE 4/4/8	6	Loudon	emetery or crematory Park Cemetery				laryla'hd
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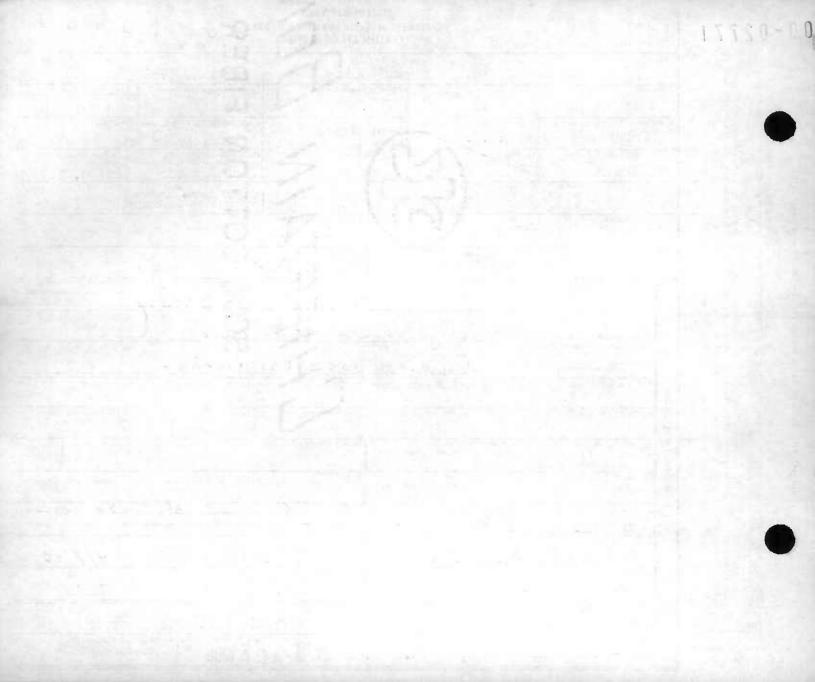
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APR S. D. FART J. J. F. S. F.

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# # # #		CEASED NAME	Ernest		MIDDLE H.	Menik	heim		20 DATE OF DE	5, 1986	DAY YEAR	2b. HOUR
. 4 may be for. page 3 offer death	3. SE			RACE White		5. DATE C		1905%	6. AGE (IN YEARS	LAST BIRTHDAY)	MONTHS DAYS	A M  R IF UNDER 24 HRS HOURS MIN.
oth. Page erol direc 72 hours		RTHPLACE (STATE O			WHAT COUNTRY	2 8	NEVER	R MARRIED DIVORCED	9 BALTIMORE	timore (		1 1
on s pfter der by the fun- iled within	10. C	nty or town of disaltimore		. NAME OF	HOSPITAL, NURS	ING HOME C	R OTHER IN		12d. USUAL OCC (TYPE OF WORK FOR Fire Fi	UPATION MOST OF WORKING I	12b. KIND INDUSTRY	of BUSINESS OR City FD
within 24 hours within 24 hours lereby filled in b d 2 shoots be fill miner must be (	Ma	al residence (IF NU STATE ryland	RSING HOME OR OT		GIVE RESIDENCE BEFO 134. CITY OR TO Baltimo	WN	YES 🔀	CITY LIMITS?		RESS / ZIP COU 40th Str		21211
E, MARYLA  uted within completely.  land Z sh	14 F/	Ernest	Mem	îkheim	LAST			ary Ann		DDLE	L	AST
medical	16a \	NO OR UNKNOWN)	R IN U.S. ARME		215 22		17 INFORM	lle Meni		ADDRESS Same	2	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours retending physician.  When this certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remave carbon papers: Pages 1 and 2 should the hith and Mental Hygiene prior to burial, cremation, or remaval.  arked or them 18 shows any injury, or other traumatic event, the medical examiner myst be reached or them 18 shows any injury, or other traumatic event, the medical examiner myst be reached.	7	Canditions, if an gave rise to in cause (0), stat underlying cau	nmediate ting the se last.	(b)		stiv uence of eral	vas	cula	a clure a dise		IVEN IN PART 1	(a
TAL RECORD TAL RECORD The law requiction. The has been s and permit. The general in The general in The shows only injection to the shows only injection.	CERTIFICATION	19a. DATE OF OPER			ITION FOR WHIC	H OPERATIO				IN CERT	ES, WERE FIND IFYING CAUSE 'ES []	
G PHYSICIAN. T offending physicial er this certificate is the bund-transit and Mental Hygicked or Item 18 sh	MEDICAL CE	210. ACCIDENT WAS U OR CONTRIBUTING  (IF EITHER, NOTIFY ME  21d INJURY OCCU  WHILE  AT WORK  AT W	CAUSE OF DEATH DICAL EXAMINER) RRED	P. 21e. PLACE	M. MONTH M.	19	21f LOCAT	TION	RED (ENTER NATURE	OF INJURY IN ITEM 18	PART 1 OR PART 2)	STATE
R ATTENDINA hospital or a IRECTOR: Afti red for use as ept. of Health	No.	22a. I certify that (	l) (this hospital	3/	19	8 C., ar	d that in (m	y) ( ) opinian	, ta deoth accurred or	3/ In the date and ha		, that (f) (we) last e couses stated E SIGNED
F 0000		22d, PHYSICIAN'S N	n W.	Bou	ree me	)	22e ADDRI	-	MEDICAL DIRECTOR   1	STAFF PHYSICIAN [	4/	7/86
TO HOSPITAL retained by to FUNERAL should be det with the Stote		100000	nn W. Bo			Yes		500 N.	Universi	-	212	210
BP	23a. 6	BURIAL, CREMATION		23b. DATE 04/09/1				r CREMATORY Orial Par	k Balt	imore,	Maryla	nd
DHMH - 16 60M 7/84		JNERAL DIRECTOR	ss Filmer	ral Hon	no Rapres	o Md	2121	25a. DAT	E REC'D. BY REGI	STRAR 256. REGIS	TRAR'S SIGNA	TURE

(VRA 15, 4)

rgee-Henss runeral Home, balto., Md. 21211 APK U 1900



00 - 0526

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

5 DATE OF BIRTH

MERKER

REG. NO 2a. DATE OF DEATH 7h HOUR APRIL 28 1986 6. AGE (IN YEARS LAST BIRTHDAY) 78

APRTI 14 1908 7b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH

MARRIED NEVER MARRIED WIDOWED

BALTIMORE CITY (TYPE OF WORK FOR MOST OF WORKING LIFE)

MEAT PACKER

17h KIND OF BUSINESS OR INDUSTRY GOETZE

4640 BELAIR ROAD BALTIMORE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 130. STATE MD.

4 RACE

WHITE

U.S.A.

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

FANNIE

13d. INSIDE CITY LIMITS?

4640 BELAIR RD. 21206

MERKER 160. WAS DECEASED EVER IN U.S. ARMED FORCES?

EIRST

OSCAR

16h SOCIAL SECURITY NO 214-03-6568

arcinomast

17 INFORMANT LOIS

(DGHTR) 21204

NO

PART I. DEATH WAS CAUSED BY

18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and ic

colon widely metastatic

D mont

BERNSTEIN

Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse

190. DATE OF OPERATION

FOR - STATE

1. DECEASED NAME

MALE To BIRTHPLACE (STATE OR FOREIGN

N.Y.

10. CITY OR TOWN OF DEATH

14. FATHER'S NAME

DUE TO OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a

	and the same of		
ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH	DAY	YEAR
FEITHER NOTIFY MEDICAL EXAMINER)	P.M.		19

NOIX 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2

20b. IF YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? NO [

21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE

21f. LOCATION

CITY OF TOWN

220.1 certify that (I) (this haspital) attended the deceased from. sow the deceased alive on\_ obove, (1) (we) (did) (did not) view the body after death

CERTIFICATION

in (my) (our) opinion death occurred on the date and hour and from the couses stated DEGREE No

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

200 AUTOPSY?

221 DATE SIGNED 4/29/56

22d. PHYSICIAN'S NAME (TYPE OF PRINT

72e ADDRESS

BREHMS

3400 Brehms Lane LANE MED. CEN.

23a. BURIAL, CREMATION, REMOVAL BURIAL

4/30/86

Carra way, Rosen that

ROSENTHAL

23c. NAME OF CEMETERY OR CREMATORY MORELAND MEM. PK.

BALTIMORE

MD.

SCATMUREK FUNERAL HOME, INC. 3331 Brehms Lane, Balto. Md. 21213 250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

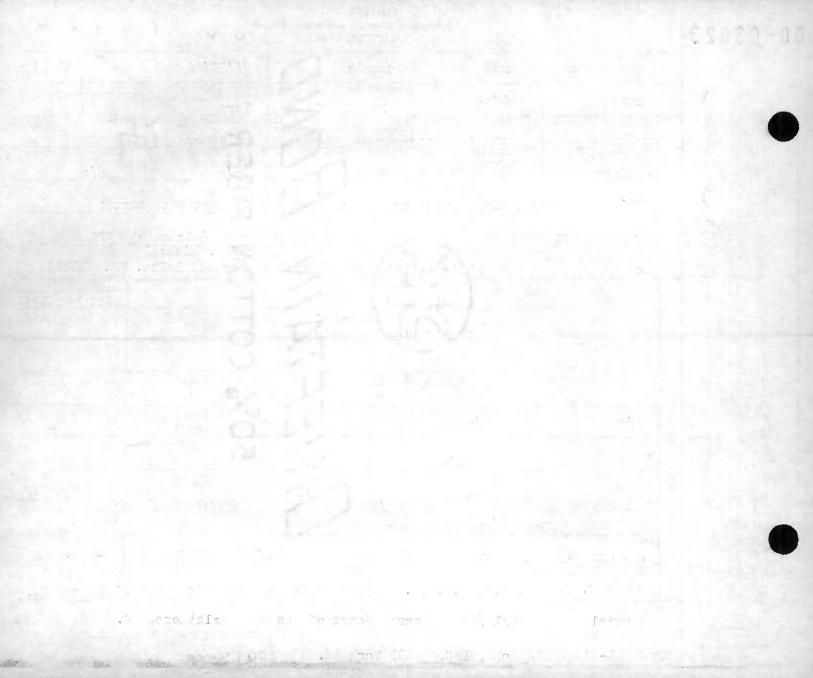
DHMH - 16 60M 7/84 (VRA 15, 4)

	STATE OF MARYLAND
4305	1 - STATE REGISTRAR  DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8  CERTIFICATE OF DEATH  REG. NO.
poge 3	POECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH 4 19 86 245A
ector. po	3. SEX FEMALE 1 RACE WHITE 5. DATE OF BIRTH MONTH DAY YEAR 24 1898 88
10 A 27 A 2	76 BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED   NEVER MARRIED   9 BALTIMORE CITY OR COUNTY OF DEATH WIDOWED   DIVORCED
1943	10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  12. USUAL OCCUPATION  12.
and the state of t	USUAL RESIDENCE (IF NURSING ABADAS PROPERTION OF RESIDENCE BEFORE ADMISSION) 136. STATE 136. STATE 137. CITY OR TOWN 136. STATE 137. STREET ADDRESS / ZIP CODE 217. STATE 217. STATE 217. STREET ADDRESS / ZIP CODE 217. STATE 217. STATE 217. STREET ADDRESS / ZIP CODE 217. STATE 217. STATE 217. STREET ADDRESS / ZIP CODE 217. STATE 217. STATE 217. STREET ADDRESS / ZIP CODE
and 2 to	THOMAS IS MOTHER'S MAIDEN NAME CARRIE MIDDLE LAST CONTROL LAST
be executed	16 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 20 St. James I (YES, NOOR UNKNOWN) (IF YES GIVE WAR OR DATES) 212079756 John Mitch Jr. Glen Burnie. MI
ow requires that the death certifulation been signed by the attending primit. Then please remove carbon prior to buriol, cremotion, or remain injury, or ather troumotic ever	Conditions, if any, which gove rise to immediate couse lost stoffing the underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUIL NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
The to icion.  te hos sit per rgiene	190. DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO VES NO VE
this the bund will do not work	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  P.M.  19  216. PLACE OF INJURY  (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  STREET  CITY OR TOWN  COUNTY  STATE
R ATTEN hospital hospital RECTOR: and for us ppt. of He tem 21 is	220.1 certify that (I) (this hospital) attended the deceased from 4/04/86, 19 to 4/9/86, 19 that (I) (we) lo saw the deceased alive an 4/04/86 19 ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove. If (we) did (did not) new the body after death.  22b. SIGNATURE  DEGREE  22c. DATE SIGNED/
TO HOSPITAL OF retained by the TO FUNERAL DIS should be detected with the State De IMPORTANT: If it	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN 220. ADDRESS
BP	236. BURIAL, CREMATION, REMOVAL 236. DATE 4-22-86 Cedar Hill Cem. 236. LOCATION BYTABAL to A°NA. MD
DHMH - 16 60M 7/84 (VRA 15, 4)	24. FUNERAL DIRECTOR 237 E. Patapsco Ave.  McCully Funeral Home Balto., MD 21225  APR 22 1986  MCCully Funeral Home Balto.

THE PART YAM PART

	DING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be or attending physician.	After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3
21201	hours after deat	d in by the funer
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARTLAND 2120	cuted within 24	completely filled
SI., BALIIMOR	ertificate be exe	g physician and
W. PKESTON	at the death ce	by the attending
KECOKUS, 201	law requires th	s been signed l
ON OF VITAL	DING PHYSICIAN: The lar	is certificate ha
DIVISI	DING P	After th

1-03823	1.	FOR STATE REGISTRAR	DEF	ARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	SIENE & S	0 9 7 2
may be page 3 er death		CEASED NAME FIRST EOR PRINT) Erica	Marie	Micha	aels	04/13/86 MONTH	DAY YEAR 25. HOUR 11:25pm
4 9 9	3. SE	× Female	4. RACE White	5. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)  7 yrs YR:	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN. S.
death. Page		RTHPLACE (STATE OR FOREIGN COUNTRY)  Saryland	76 CITIZEN OF WHAT COUP	MARRIE WIDOWE	D NEVER MARRIED A	Baltimore CITY OR COUNTY Baltimore	MD.
s ofter d	1	Baltimore	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE 619 East	Street ADDRESS)		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN  n/a	G LIFE) 11b. KIND OF BUSINESS OR INDUSTRY n/a
illed in	13a.		NTY 13c. CITY OF		136 INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CO 619 East 34th	
ampletel)	1	Frank Albert		2770	15. MOTHER'S MAIDEN NAME FIRST Winifred	Marie (Michae)	
icate be exect hysician and e papers. Pages loval.		WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G  NO	IVE WAR OR DATES)	1 SECURITY NO. 04-6381		ifred M.AMMehae th Street, Balt	
ires that the death certiling paned by the attending paned by the attendon burial, cremation, or rem		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CON  (b) Ceroi  DUE TO, OR AS A CON  (c)	SEQUENCE OF ILD LIPOFU	ıcinosis	ninal disease or condition	October 1981
law is be ermit e prid rs any	CERTIFICATION	190 DATE OF OPERATION n/a	196 CONDITION FOR V	VHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 200. IF IN CEI	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \( \text{NO } \overline{\overlin
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8 4 8 9 0 a		22a.1 certify that (1) (this hosp	oitol) ottended the deceosed in 03/31/ort view the body after death.	_19 <u>86</u> , ai	2 , 19.78 ad that in (my) (our) opinion DEGREE	, to 03/31 death occurred on the date and	, 1986 , that (I) (we) last hour and from the couses stated
HOSPITAL ined by th FUNERAL buld be dett h the State		John C. San	Santos m ORPRINT) tos, M.D. F.A.		22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN D	4/14/86 21201 , Baltimore, Md.
BP S S S S	23a	BURIAL, CREMATION, REMOVA (SPECIFY BUrial	23b. DATE 4/16/86		EMETERY OR CREMATORY Heart of Jesu	236 LOCATION	
DHMH - 16 60M 7/84 (VRA 15, 4)		UNERAL DIRECTOR  T CHELL-WIEDEFI	ELD HOME, INC.	6500 Y		PR 1 7 1096	SISTRAR'S SIGNATURE



		FOR		DEDADTI		MARYLAND H AND MENTAL HYO	CIENE	2 1	2 0	7 4
04436	1.	STATE REGISTRAR		DEFARIT		TE OF DEATH	8 6 REG. NO	).	) 7	, 0
		CEASED NAME FIRST	THE EXT	MIDDLE	LAST		20. DATE OF DEATH	MONTH DA	Y YEAR	2b. HOUR
ge 3 eoth	/	EGON			MICHEL		MONDAY APR	IL 14,	1986	11:30 A.
lou /	3 SE.		4 RACE		5. DATE OF BIR	TH DAY YEAR	6 AGE (IN YEARS LAST BIRT	HDAY) IF	UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
a de		MALE	WHITE	3	OCTOBE		77	YRS.	ATTIS DATS	HOURS MIN.
1 9 07		RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	18	NEVER MARRIED	9 BALTIMORE CITY O	COUNTY	F DEATH	
4 / 3/		GERMANY	IJ	.S.A.	WIDOWED	DIVORCED	BALTIMO	RE CIT	Υ	MD.
ē 93 9	10 C	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME OR OT	HER INSTITUTION	120 USUAL OCCUPATION	NC	125. KIND O	F BUSINESS OR
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and and a			NOWN	LAST		FIRST	UNKN	OWN	ĮAS:	
P S S S S S S S S S S S S S S S S S S S		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	IRITY NO. 17 II	NFORMANT	ADDRE			
Pages medic		YES, NO OR UNKNOWN) (IF YES, GIVE	E WAR OR OATES)	219-26-2	099 MR	S. CAMILLA	MICHEL 2066	LINDE	N AVE.	21217
the the		18 CAUSE OF DEATH (Enter onl) PART I. DEATH WAS CAUSE!	v nne couse net	<u> </u>						MATE INTERVAL ONSET AND DEATH
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been sign mit. Then prior to b	CERTIFICATION	190 DATE OF OPERATION		ITION FOR WHICH			20a AUTOPSY?	20b. IF YES, V	WÉRE FINDIN	IGS USED
hos hos	H						YES NO	YES	NG CAUSES	NO [
ronsi Hygi 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	21b. TIME C	OF INJURY M. MONTH DA	AY YEAR 21c.	HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PAR	T I OR PART 2)	
riol- riol- renta	SAL	(IF EITHER NOTIFY MEDICAL EXAMINER			19					
the but	MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY REET FACTORY, OFFICE, F	ARM ETC )	LOCATION	CITY OR TO	M	COUNTY	STATE
Afte e as ofth mork		22a I certify that III his hospit	ial) attended th	a decensed from	4/-	17-0 1075	. 4.	-14-	76	nat illi (we) last
OR: OR: or us f He	13	sow the deserted alive on.	4	-/Z 193	ond the	t w (my) (our) opinion	death occurred on the do	te and hour	and from the	
RECT RECT ed for pt. a		above, ()/ www.infty/gid.not	) view the body	ofter death	DEGR		-/		22c. DATE	
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TO FUNERAL should be determined by the State MPORTANT:		THE PHYSICIANUS NAME THEO	KELL	BAUM	) 5	ADDRESS 635 OLL	CT. R	). E	7270.	170-
sho sho		BURIAL, CREMATION, REMOVAL	236 DATE		NAME OF CEMET	ERY OR CREMATORY	23d LOCATION	30 10		17CX
BP		BURIAL	4/16	/86. BE	TH JACO	B CEM	FINKSB		MD	STATE
MH - 16 60M 7/84	24 FU	JNERAL DIRECTOR	Ba	altimore,			TE REC'D BY REGISTRAR	25h REGISTRA	AP'S SIGNA	PADE A NAME OF
(VRA 15. 4)	1 5	SOL LEVINSON & I	BROS INC	C 6010 R	eisterst	own Rd AP	R 2 2 1986	Julia Da	Magazin	

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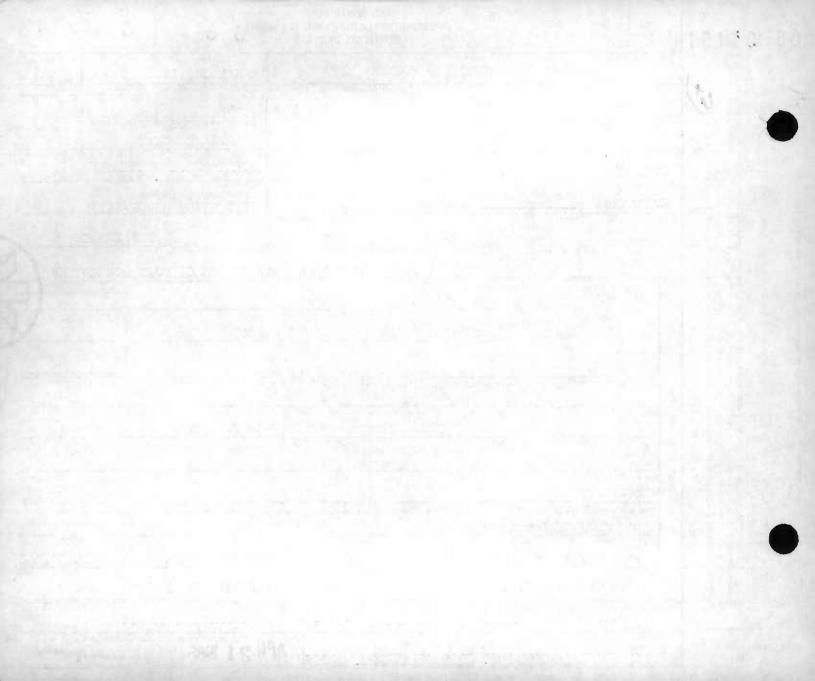
FOR STATE

## STATE OF MARYLAND

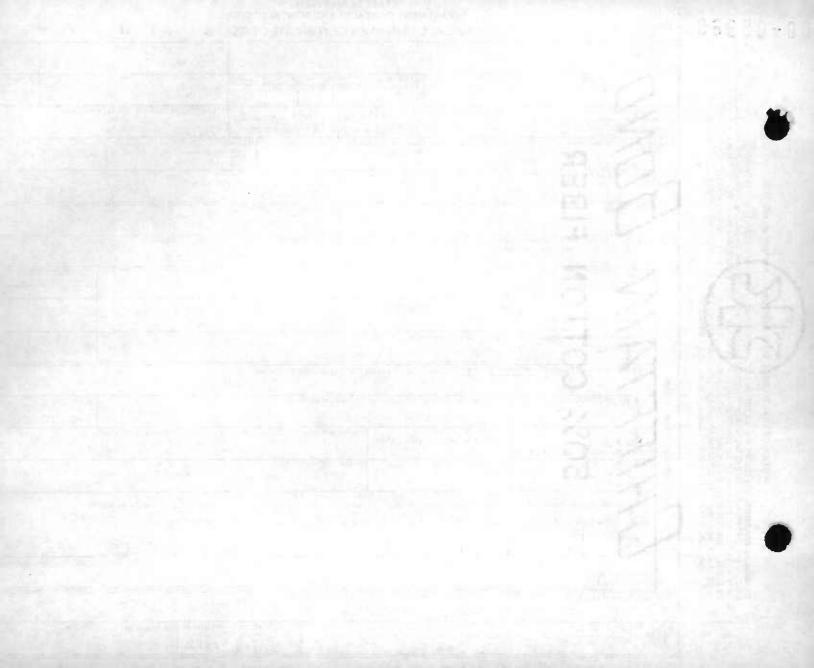
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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REG. NO.					

. 0 1 1 0	1	REGISTRAR				REG. NO.					
		DECEASED NAME FIRST	MIDDLE	LAST		DEATH MONTH	DAY YEAR	26 HOUR			
y be	11/	JOSEPH	HUGO M	ICHEL	APRII	20, 1986		5:20A M			
OE ST	3.3	EX	4 RACE	5. DATE OF BIRTH		EARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS			
9e 4		MALE	WHITE	NOVEMBER 28,	1896 89	YRS	MONTHS DATS	HOURS MIN.			
Po Po	70.	BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MAR	9 BALTIMO	9 BALTIMORE CITY OR COUNTY OF DEATH					
seoth mero		MARYLAND	U.S.A.	V	DIVORCED   BALTIMORE CITY						
he fu	_ 10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		R OTHER INSTITUTION 120 USUAL OCCUPATION 120, KIND OF BUSINESS OR						
by t	100	FORT HOWARD	V.A. MEDICAL CE	NTER	CAPTAIN BALTO, CITPIRE DEPT.						
hou hou die die	1.3	STATE 1136 COUR	OTHER INSTITUTION GIVE RESIDENCE BEFORE		LIMITS? 13e STREET	ADDRESS / ZIP COD	E	NEET.			
n 24 fille houte	No.	MARYLAND	BALTIMO	RE YES X NO		WINDY RIDO					
withi letely d 2 sl	JIA.	FATHER'S NAME FIRST	MIDDLE LAST	15 MOTHER'S MA		WIDDLE	LAS				
ex one	X.V	FREDERICK	NICHEL	EVIA		PI	EPPERSAC	K			
nd con dicol	160	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU	RITY NO 17. INFORMANT		ADDRESS					
S. Po	1 _	YES W.W	7. I 220 44 5	259 CLINICA	L RECORDS,	VAMC, FORT					
ysici oper oper wol.		18 CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE	nly one couse per line for (a), (b), and				BETWEEN C	MATE INTERVAL DISET AND DEATH			
g ph son p remo	1		E CAUSE (0) CARDIOPUL	MONARY ARREST							
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dea atte		Conditions, if any, which gove rise to immediate									
t the		cause (a), stating the underlying cause last.	cause (a), stating the DUETO OR AS A CONSEQUENCE OF								
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signe sen p a bury,	z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									
een een int Thing	RTIFICATION	19g, DATE OF OPERATION	196, CONDITION FOR WHICH	OPERATION WAS DEDECTOR	ED 200 AUTO	DSV2 Inh IE VE	S, WERE FINDIN	CS LISED			
n. n. nos b no pr ne pr	7 2	ING. DATE OF OFERATION	170. CONDITION TON WINCH	OFERATION WAS FERFORM		IN CERTI	FYING CAUSES	OF DEATH?			
sicio sicio noste h noste l ygie	CER .	210. ACCIDENT WAS UNDERLYING	7 216. TIME OF INJURY	121c HOW INJUR	YES TO YES TO YES TO YES TO YES TO YES TO YES		ES D	NO 🗌			
phys phys rifica tiffica tiffi	1	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DA	Y YEAR	TENTEN TENTE	TORE OF THOSE REPORTED	, ART 1 OR 7 - ART 27				
YSIC ding s cer s cer Surio Meni	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M.	19 211 LOCATION							
the the ond	M.	WOI WHILE	(AT HOME STREET, FACTORY, OFFICE, FA			CITY OR TOWN	COUNTY	STATE			
or a or a After a After a or the mork		270 Learning that V (this base)	tal) attended the deceased from $\underline{D}$	ECEMBER 13	10 85 to AP	RTL 20	19851	that X (we) lost			
TEN TOR: or us		sow the deceased alive on	APRII. 20	85_, and that in Xny) (ou	. /	d on the date and ho					
REC REC Pept. o		22h SIGNATURE	J, view the body offer death.	DEGREE			22c. DATE S				
the the period of the period o		Marca	Lane mo		NDING MEDICAL	STAFF PHYSICIAN T	APRT	L 20, 86			
VER VER A Sto		22d. PHYSICIAN'S NAME (TYPE O	OR PRINT)	22e ADDRESS	OICIAN DIRECTOR	E I III SICIAN K	Imite	20,00			
retained by the TO FUNERAL should be detined to with the State IMPORTANT:		MARCIA KANE,	M.D.	VAMC,	FORT HOWARD	, MD 21052	2				
of of shape	230	BURIAL, CREMATION, REMOVAL	236 DATE 23c N	AME OF CEMETERY OR CREA							
BP		BURIAL	4/23/1986 MOR	RELAND MEMORIA		IMORE MAR	VIAND	STATE			
DHMH - 16 60M 7/84	24	FUNERAL DIRECTOR		CELAND TIETOKIT	250 DATE REC'D. BY R	EGISTRAR 256. REGIS	TRAR'S SIGNATU				
(VRA 15, 4)	1		OME INC. 7110 BEL	ATR RD. 21206	APK 21	1986 Juna	Davidson-	jordalle			



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 00-0526 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATED REGISTRAR . DECEASED NAME 20. DATE KNOWN 2b. HOUR (TYPE OR PRINT) IF ANY DELAY IS NECESSARY, PLEASE 2, AND 3 TO THE FUNRAL DIRECTOR. 3. RETAIN PAGE 5 FOR YOUR FILES. SENDUID BEALED, WITHIN 72 HOURS NURECCARDS 291 W. PRESTON STREET, OF 27/19 William Millard 86 DEATH MATED K. 3 SEX 4. RACE 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 11:2 DATE MONTH DAY YEAR LAST BIRTHDAY PRONOUNCED 86 27/19 DEAD 15 65 YRS TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! U.S.A. WIDOWED X DIVORCED MARYLAND Baltimore City 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) B&O RAILROAD Baltimore Maderia St USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION BALTIMORE, MD. 21201 13a. STATE 13d. INSIDE CITY LIMITS? 13b COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS N.MADEIRA ST. 415 BALTIMORE YES X NO [ MARYLAND WORD "PENDING" IN PENCIL IN ITEM 1B. GIVE PAGES.1, 2, A BE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. R. BE USED AS A BURIAL - TRANSIT PERMIT. PAGES 1 AND 2.SH INT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL BURIAL, CREMATION, OR REMOVAL. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE BARNES ROSETTA WILLIAM MILLARD 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO. **ADDRESS** ALVA N. BRANCH 1436 N. BROADWAY 218102476 YES 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). APPROXIMATE INTERVAL W. PRESTON ST., BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Metastastic Carcinoma of Lungs IMMEDIATE CAUSE (a)\_\_\_\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? INER: THIS CERTIFICATE SHOUL
FIGATE, WRITING THE WORD "F
E FORWARDED TO THE CHIEF
E FORWARDED TO THE CHIEF
TOR: PAGE 3 SHOULD BE USED
I THE STATE DEPARTMENT OF HI
AND, 21201 PRIOR TO BURIAL, YES [] NO V 71a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21d. INJURY OCCURRED 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWAR TO FUNRAL DIRECTOR: PAGE AFTRE DEATH, WITH THE STATE BAILTIMORE, MARYLAND, 2120 Inquiry X 22a. I certify that I took charge of the remains described obove, held on Autopsy Inspection and in my opinion death resulted from Natural causes Suicide Homicide Undetermined monner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 4/29/86 SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) Margarita A Korell, M.D. ADDRESS 111 Penn St. 230 BURIAL, CREMATION REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION BURIAL CROWNSVILLE STATE 5-2-86 CROWNSVILLE MD. 07/84 BP. 25M 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH - 17** - come succession of WM.C.MARCH F/H INC. ADDRESS 101 E. NORTH AVE. (VR A15 ME (5))



George J. Gonce 4001 Ritchie Tgwy Balto Md

Maryland Vets Cemetery Crownsville

23c. NAME OF CEMETERY OR CREMATORY

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

23d LOCATION

YES [

COUNTY

22c. DATE SIGNED

STATE

2b. HOUR

126 KIND OF BUSINESS OR

Constellation

HUGHES

APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT

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INDUSTRY

IF UNDER 1 YEAR DAYS

DHMH - 16 60M 7/B4 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL

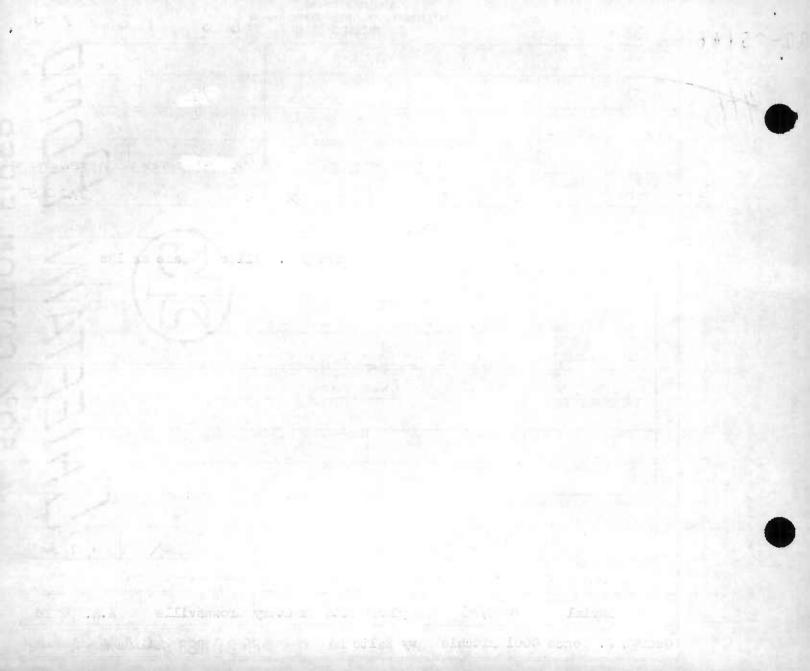
Burial

(SPECIFY)

24 FUNERAL DIRECTOR

FOR

- STATE



FOR - STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG, NO.	9	0	9	1	-
REG, NO.					

- 1							REG, NO	J.	
	1. DECEASED NAME FIRST (TYPE OR PRINT) ED.	ITH	IDDLE		MILLER		20. DATE OF DEATH	MONTH	15th 1986 11 15
	Female	4 RACE Whit	e	S. DATE C		1904	6. AGE (IN YEARS LAST BIR	THDAY) YRS	IF UNDER LYEAR IF UNDER 24 HRS
2	BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Maryland	USA		WIDOWE		VORCED	9 BALTIMORE CITY O BALTIMO	R COUNT	ity M
1	BALTIMORE CITY	(IF NOT IN SUCH	OSPITAL, NURSING FACILITY, GIVE STREET AT ON MEMORI	AL H			Housewife	F WORKING L	12b. KIND OF BUSINESS OF INDUSTRY
		VIY	130. CITY OR TOWN	1	13d. INSIDE C	NO **			Road 21220
8	4 FATHER'S NAME FIRST Wade		heeley	1	70.10	s MAIDEN NAM Erst annie	WIDDLE		Beaver
-	160 WAS DECEASED EVER IN U.S. AR ( ES, NO OR UNKNOWN) (IF YES GIV	E WAR OR DATES	214-22-3		Melva		7 Whitelaw		21236
	Canditions, if any, which gove rise to immediate couse Io1, stating the underlying cause last.  PART 2. OTHER SIGNIFICANT (	(c)	AS A CONSEQUEN	NCE OF		To the termi	SOF	DITION GI	IVEN IN PART TO
1	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDIT	ION FOR WHICH C	OPERATIO	n was perfo	RMED	200 AUTOPSY?	IN CERTI	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? YES NO NO
	OR CONTRIBUTING CAUSE OF DEA  (IF EITHER NOTIFY MEDICAL EXAMINER  21d INJURY OCCURRED  MHILE NOT WHILE AT WORK NOT WHILE AT WORK  22a I certify that (1) (this haspi	21e. PLACE O (AT HOME STREET	I. MONTH DAY  FINJURY  ET, FACTORY, OFFICE, FAI  deceosed from	19 RM, ETC }	211 LOCATIO	M19.86	ED (ENTER NATURE OF INJUSE CITY OR TO	wn	COUNTY STATE  that [b] (we) los
4	sow the deceased alive on above (1) we would add no 22b. SIGNATURE	ad E	. Bark		MD, A	TTENDING PHYSICIAN [	MEDICAL STAF DIRECTOR PHYSIC	F IAN X	221. DATE SIGNED
-	230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		23c N/		emetery or o	REMATORY	23d LOCATION CITY OR TOWN ROSSVI		Balto. Marvla

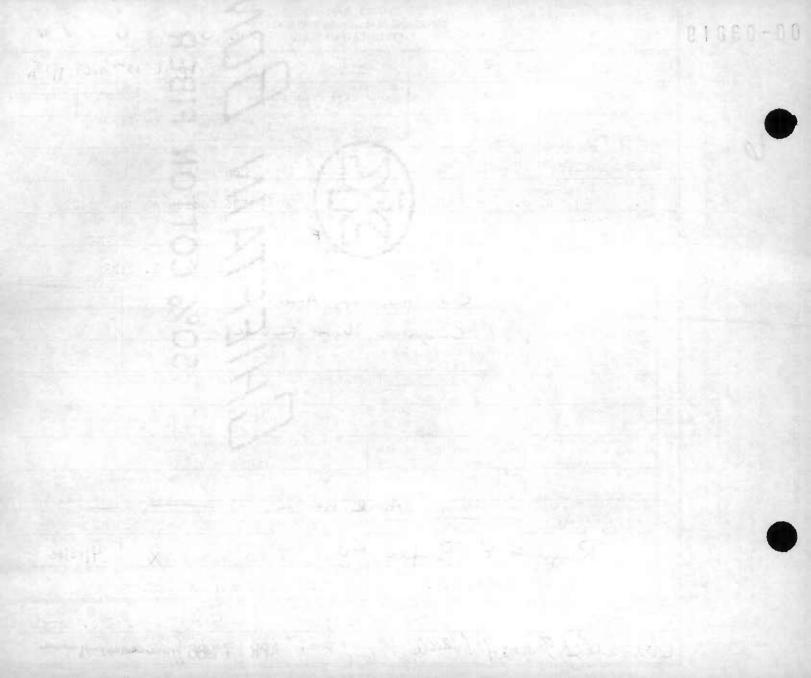
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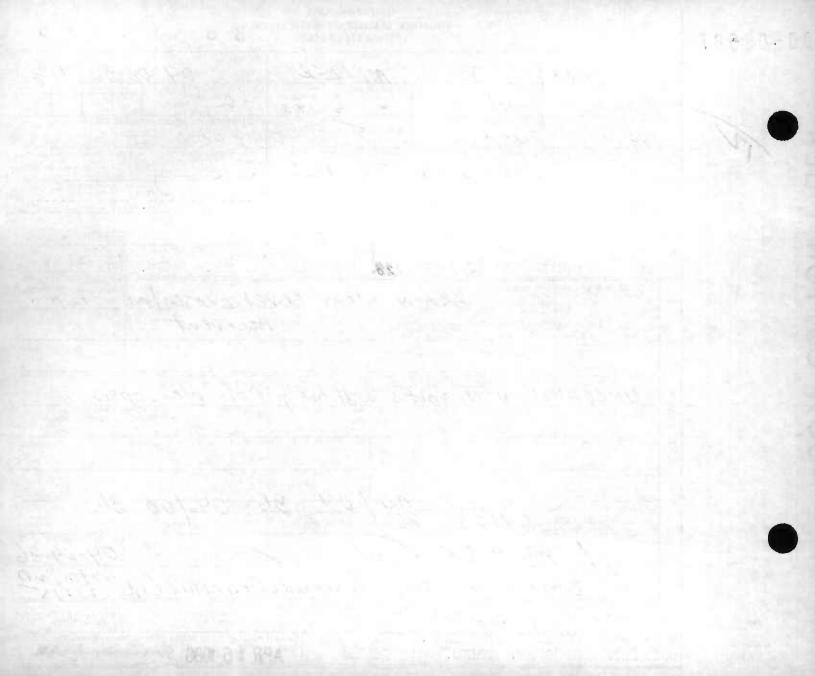
IMPORTANT: If Item 21 is morked or Item 18 shows ony

Juna Haule 300 Mace Ave. 21221

APR 17 1986 June Dandon Montage



STATE OF MARYLAND

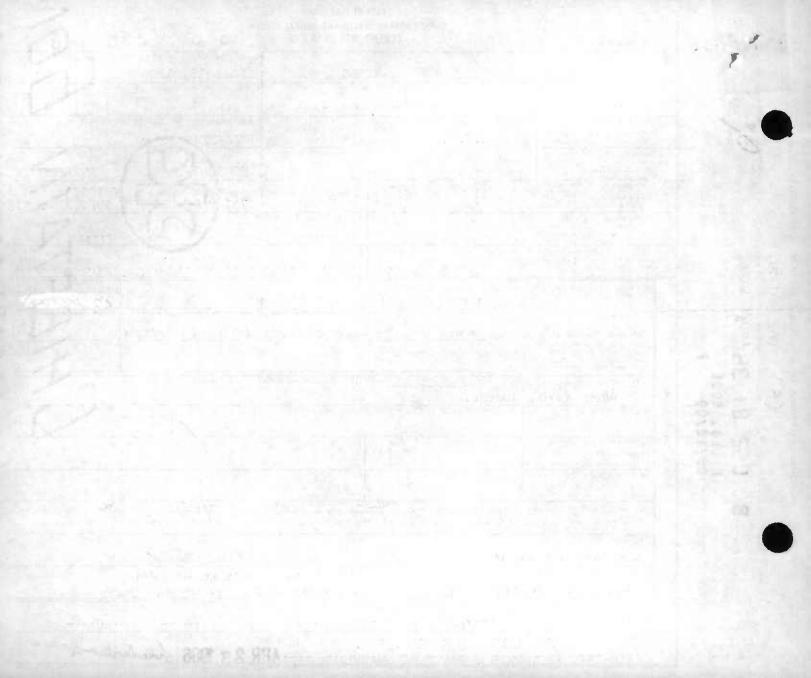


age 3 deoth		EASED NAME FIRST DR PRINT) John	Raymond	MI	LLER.III	20 DATE OF DEATH	MONTH DAY	86 2-0
ector, pag	3. SEX	MALE	4 RACE WHITE	5 DATE O	/	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDE	DAYS HOURS
Zz hou	7a. BIR	THPLACE (STATE OR FOREIGN DUNTRY)	76. CITIZEN OF WHAT COUNT	WIDOWE		9. BALTIMORE CITY C	TIMOR	
by the filed with	10 CI	ALT IMORE	11. NAME OF HOSPITAL, NUF (IF NOT IN SUCH FACILITY, GIVE ST MERCY	HOSP	ROTHER INSTITUTION	17a USUAL OCCUPAT (TYPE OF WORK FOR MOST O		KIND OF BUSINES OUSTRY
led in Usi be	13a. S	ARYLAND BLOOM			YES X NO		ZIP CODE	N AVE,
(into	14 FA	THER'S NAME FIRST  Jerry	MIDDLE LAST Spend	e	15 MOTHER'S MAIDEN NAM	MIDDLE		MILLE
Popular Paris		AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIALS	ECURITY NO.	Terry Miller	ADDRI	Same a	S 13e
move cornation, or ration, or traumoti		Conditions, if any, which gave rise to immediate	DUE TO, OR AS A CONSE	MATUS	RE BAE	34		
oeen signed by the attendi in! Then plesse remove cor rior to burial, cremation, or ny injury, or ather traumoti	ATION	gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT (		MATUK OUENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CON	20b. IF YES, WERE	E FINDINGS USED
n. as been signed I occurred. Then plea ne prior to burial ws ony injury, or a	CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT (19a, DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CONSE  (c)  CONDITIONS CONTRIBUTING  196 CONDITION FOR WH  216 TIME OF INJURY	OUENCE OF	NOT RELATED TO THE TERM	20a AUTOPSY?  YES NO	206. IF YES, WERE IN CERTIFYING C	E FINDINGS USED CAUSES OF DEATI NO
ng physician. certhrate has been signed I rital-transit permit. Then plea ental Hygiene prior to burial tem 18 shows any injury, or.	MEDICAL CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT (	DUE TO, OR AS A CONSE  (c)  CONDITIONS CONTRIBUTING  19b. CONDITION FOR WH  21b. TIME OF INJURY HOUR A.M. MONTH	OUENCE OF TO DEATH BUT ICH OPERATION DAY YEAR 19	NOT RELATED TO THE TERMI	20a AUTOPSY?  YES NO	206, IF YES, WERE IN CERTIFYING OF YES THE TEM 18 PART I OR	E FINDINGS USED CAUSES OF DEATI NO [
is hospital or attending physician.  SIRECTOR: After this certificate has been signed I hed for use as the burial-tronsit permit. Then pleabet, at Health and Mental Hygiene prior to burial them 21 is marked at Item 18 shows only injury, or them 21 is marked at Item 18 shows only injury, or the statem 21 is marked.		gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT (1)  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF OEA (IF EITHER NOTIFY MEDICAL EXAMINER TIME NOTIFY MEDICAL EXAMINER AT WORK  22a.1 certify that (1) (this hospit sow the deceased alive on sow the deceased alive on the cause of	DUE TO, OR AS A CONSE  (c)  CONDITIONS CONTRIBUTING  19b CONDITION FOR WH  21b TIME OF INJURY HOUR A.M. MONTH P.M.  21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFF	OUENCE OF  TO DEATH BUT  ICH OPERATION  DAY YEAR  19  ICE, FARM, ETC.)	NOT RELATED TO THE TERM.  N WAS PERFORMED  21c. HOW INJURY OCCURR  21l. LOCATION 51REET  19 d that in (my) (our) apinion of	200 AUTOPSY?  YES NO  CITY OR IC  to  death accurred an the death	20b IF YES, WERE IN CERTIFYING OF YES TO SHARE THE TERM TO SHARE T	E FINDINGS USED CAUSES OF DEATH NO [
spylol or attending physician. ECTOR. After this certificate has been signed I d for use as the burial-transis permit. Then plea 1. af Health and Mental Hygiene prior to burial m 21 is marked ar Item 18 shows ony injury, or.	MEDICAL	gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT (  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF GEAL (IF EITHER NOTIFY MEDICAL EXAMINER AT WORK NOT WHILE AT WORK AT WORK  22a.1 certify that (1) (this hosping sow the deceased alive an above, (1) (we) (did) (did not conver, (1) (we) (did) (did not conver, (1)) (we) (did) (did not converted to the converted t	DUE TO, OR AS A CONSE  (c)  CONDITIONS CONTRIBUTING  196 CONDITION FOR WH  216 TIME OF INJURY HOUR A.M. MONTH P.M.  21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFF  (at) ottended the deceosed from (b) view the body offer death.  Command  REPRINT)  Command  Comma	OUENCE OF  TO DEATH BUT  ICH OPERATION  DAY YEAR  19  ICE, FARM, ETC.)	NOT RELATED TO THE TERM.  N WAS PERFORMED  21c. HOW INJURY OCCURR  21l. LOCATION  5TREET  19  d that in (my) (our) apinion of the complete of	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJU  CITY OR IC	20b. IF YES, WERE IN CERTIFYING OYES ON YES	E FINDINGS USED CAUSES OF DEATH NO [ PART 2)

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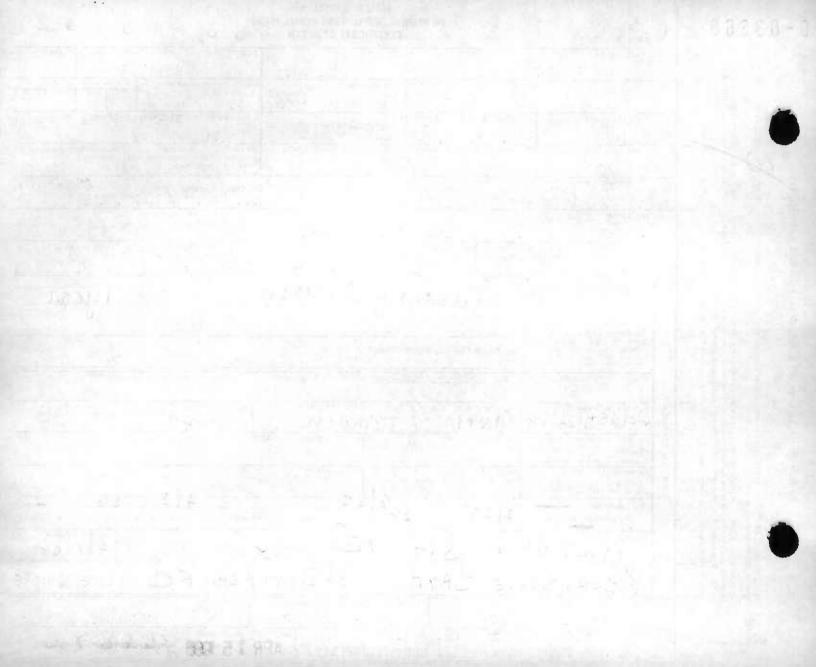


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 20 DATE OF DEATH MONTH YEAR DECEASED NAME 2h HOUR FIRST TYPE OR PRINTE APRIL 15, 1986 3:10 ROSE MILLS 6 AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH IF UNDER 1 YEAR 1 SEX 4 RACE MONTH DAY YEAR FEMALE CAUCASTAN FEB. 1900 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR FOREIGN THE CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED NORTH CAROLINA U.S.A. BALTIMORE CTTY WIDOWED DIVORCED 12g USUAL OCCUPATION 1). NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION IN CITY OR TOWN OF DEATH 12h, KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOUSEWIFE AT HOME BALTIMORE JOHNS HOPKINS HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION (21215)13e STREET ADDRESS / ZIP CODE 136. COUNTY 13d INSIDE CITY LIMITS? 13r CITY OR TOWN 6711 PARK HEIGHTS AVE., APT. 118 MARYLAND BALTO YES TX NO 15 MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE LAST ISRAEL KATE BLOCK DHNN ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES 16h SOCIAL SECURITY NO NO NORMAN MILLS 8616 212-74-1394 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for 10), (b), and ic PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) INTEA ABOOMINAL CATASTROPHE DUE TO, OR AS A CONSEQUENCE OF SEVER ATHEROSCIEROTIC CORONARY ARTERY DISEASE Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a FAILUPE RENAL 20b. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH 21a. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIFEITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN AT HOME STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive an. and that in (my) (aur) apinion death occurred an the date and haur and from the couses stated abave, (1) (we) (did) (did nat) view the body after death 22h SIGNATURE DEGREE 22c DATE SIGNED MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS JOHNS HOPKINS HOSPITAL BARBARA 600 N. WOLFE ST. BALTO MD 230 BURIAL, CREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE BURIAL 4/17/86 BNAI ISRAEL CEM BALTIMORE MARYLAND 24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. DHMH - 16 60M 7/B4 6010 REISTERSTOWN RD. BALTIMORE MARYLAND 2121AP (VRA 15, 4)



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-03668	1.	STATE REGISTRAR	DEFARIT	CERTIFICATE OF DEATH	B O REG. NO.	0 9 0 2
		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
ay be ooge 3 deoth	(TYPI	E OR PRINT) LUCIU	S LIVINGSTO	NE MINOR. JR.	/1	5 86 M
may er de	3. SE		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
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		FOR			STATE OF MARYLAND OF HEALTH AND MENTAL P	IVGIENE	4	
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of of star with the star of th		URIAL, CREMATION, REMOV	AL 23b. DATE	23c. NAMI	OF CEMETERY OR CREMATO	RY 23d LOCATION		-
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(VRA 15, 4)		01 Gwynns Fall			Md. 21216 A	PR 25 1986 a	municipal fordalls	<u></u>

THE CO HALL COMMENTER THE CONTRACTOR

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME MIDDLE 24 DATE OF DEATH MONTH YEAR 26 HOUR TYPE OR PRINTI Mary Moler April 07, 1986 4 RACE IF UNDER LYFAR S DATE OF BIRTH MONTH DAYS HOURS Jul.19, 1895 Female White To BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY WIDOWED Balto, City ID CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12n USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) 3742 Ellerslie Avenue Baltimore Homemaker USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a STATE 13e.STREET ADDRESS / ZIP CODE 13c CITY OR TOWN 13d INSIDE CITY LIMITS? Balto. City Baltimore 3742 Ellerslie Avenue Md 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST John C. Harmon Bertha Funk 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Baltimore Md 21201 (IF YES GIVE WAR OR DATES) (YES, NO OR UNKNOWN) 219-20-6953 1808 S. Tower, 15 Charle NO Mr. Ralph Turner APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for to), (b), and (c), PART I. DEATH WAS CAUSED BY 10 Ms IMMEDIATE CAUSE (0) Metastates Duese DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LID CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY IN CERTIFYING CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE DE INJURY IN ITEM IB PART I OR PART 2) 00 OR CONTRIBUTING TO CAUSE OF DEATH HOUR A.M. MONTH DAY LIF EITHER NOTIFY MEDICAL EXAMINER P.M. 19 211 LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220 I certify that (1) (this heapital) attended the deceased from .19 86, and that in (my) ( punion death occurred on the date and hour and from the couses stated sow the deceased olive on above, (1) (we) (did) 226. SIGNATURE DEGREE ATTENDING V MEDICAL PHYSICIAN N DIRECTOR PHYSICIAN I 22e ADDRESS S NAME (TYPE OF PRINT) the with 230. BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 236. DATE Rose Hill Cemetery 04/10/86 Burial Hagerstown, Washington Co. Md 14 F Burgee Henss Funeral Home, P.A. Baltimore 2121 to DATE REGID, BY REGISTRARIZS AREGISTRARIZS ON ATURE DHMH - 16 60M 7/84

(VRA 15, 4)

	_ FOR	DED 4	STATE OF MARYLAND	IIVOTENE	- AN 1-17
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TO FUNERAL DIRECTOR: After should be detached for use as with the State Dept. of Health IMPORTANT: If them 21 is mort	22a. PHYSICIAN'S NAME (TV)	pitol) oftended the deceosed from pril 24 and view he body ofter death.  CORPRINT!  The Thogan, M.D.	DEGREE  ATTENDI PHYSICI  27e ADDRESS	AN DIRECTOR PHYSICIAN	1986 that X (we) lost ur and from the couses stated  22c DATE SIGNED  4/24/86
Should b	23g BURIAL CREMATION REMOVA	At. 23b. DATE 2	31. NAME OF CEMETERY OR CREMAT		
P_/U	Cremation	4/28/86	Westview Mem Pa		Balto Md
H - 16 60M 7/84 VRA 15, 4)	George J. Gonce	4001 Ritchie ADDRE	fgwy Balto Md	DATE REC'D. BY REGISTRAR 25b. REGIS	TRAR'S SIGNATURE

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Leonard of Luck, Inc., 1303 darlord Mr.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME FIRST MIDDLE 20. DATE OF DEATH MONTH DAY 2b. HOUR (TYPE OR PRINT) APRIL 21, 1986 NORMA MONTGOMERY 04:40am 6 AGE (IN YEARS LASTIBIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX 4 RACE 5. DATE OF BIRTH TE CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED BALTIMORE CITY NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR LIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BALTIMORE THE JOHNS HOPKINS HOSPITAL 13d INSIDE CITY LIMITS? 13g STREET ADDRESS / ZIP CODE NO [ 14. FATHER'S MAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES NO OR INKNOWN) (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost mo 0 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 19n DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? ď IN CERTIFYING CAUSES OF DEATH? urial-transit p NO 2 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 71a ACCIDENT WAS UNDERLYING 71h TIME OF INJURY 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Mental WEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY AT HOME STREET, FACTORY, OFFICE, FARM ETC.) STATE NOT WHILE It I certify that the this base to attended the deceased from saw the deceased alive on and that in (my) our opinion death occurred on the date and hour and from the causes stated obove. (i) see! (did told not) viss body ofter death. 226 SIGNATURE DEGREE 22c. DATE SIGNED ā ATTENDING MEDICAL Should be deto PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d PHYSICIAN'S NAME (TYPY OR PRINT) 22e ADDRESS HOPKINS HOSPITAL 600 N. Md. 21200 00 230 BURIAL CREMATION, REMOVAL 23h. DATE 234 NAME OF CEMETERY OR CREMATORY APR 23 1986 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND

B 1741-01 Homemoker KISK AR BROKE BELLINE Charling Survivors 79.45 All places of the property of the I will be a like the state of the last of 

5	ofter death. rage 4 may be	by the funeral director, page 3 iled within 72 hours after death
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 four raffer death. Fage 4 may be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban popers. Pager 1 and 2 should be filed within 72 hours after death
RDS, 201 W. PRESTON ST.,	equires that the death certifi	n signed by the attending ph Then please remave corbanp
DIVISION OF VITAL RECO	TO HOSPITAL OK ATTENDING PHYSICIAN: The low retoined by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate hos been should be detached for use as the burial-transit permit.
•	TO HOSPITAL OR ATTE	TO FUNERAL DIRECTO should be detached for

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

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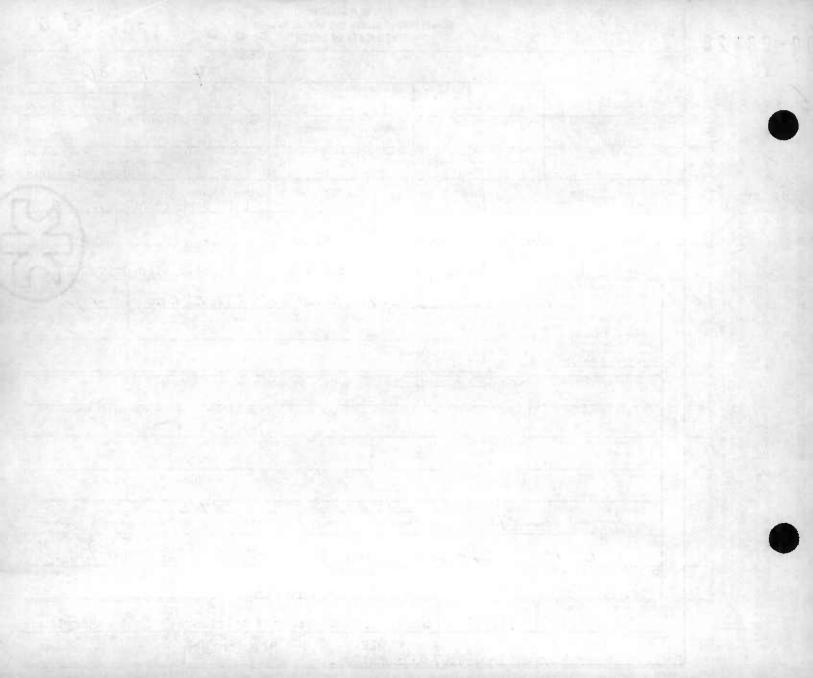
IMPORTANT: If Hem 21 is morked or Item 18 shows ony injury, or other traumotic event, the medical ex TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and so should be detached for use as the burial-transit permit. Then please remaye carban papers: Paged 1 with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	*	Ann		1/3
Francisco	1.		-1	0
O	- 1	9		
REG. NO.				

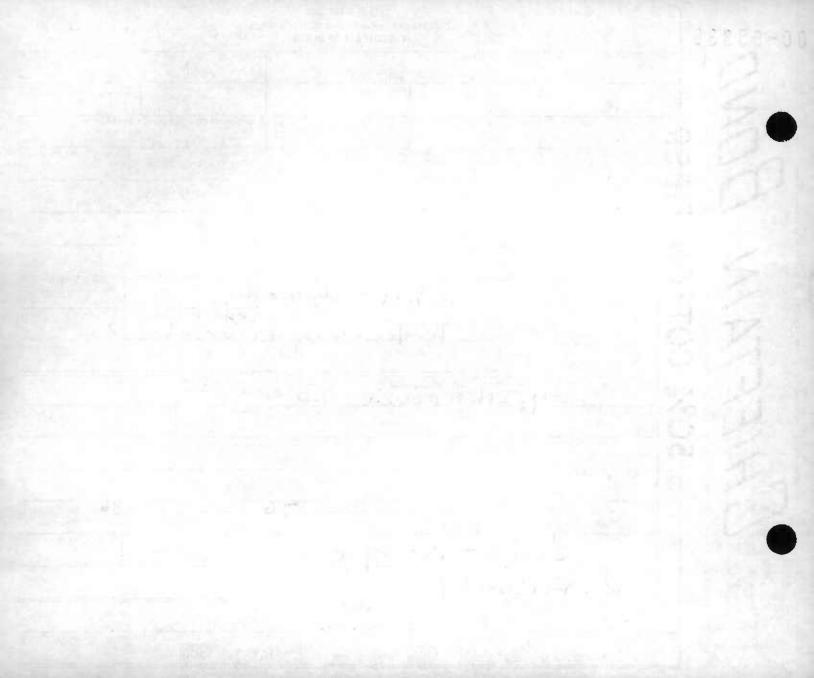
1.	FOR - STATE REGISTRAR				EALTH AND MENTAL HYO	GIENE 8 6	1 0	188
	ECEASED NAME FIRST	MI	DDLE	L	AST	20. DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
LLYP	PE OR PRINT) Ruth	E			Moog	4	11	81
3. SE		4 RACE	The state of the s	5. DATE C		6 AGE (IN YEARS LAST BIR	RTHDAY) IF UN	DER I YEAR IF UNDER 24 HRS
	Female	Whit	.e	MONTH	4 33	52	YRS	HS DAYS HOURS MIN.
70. B	SIRTHPLACE (STATE OF FOREIGN COUNTRY)	76 CITIZEN OF W	HAT COUNTRY?	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY C	OR COUNTY OF	DEATH
	Maryland	USA		WIDOWE		Baltimo		M
10. C	CITY OR TOWN OF DEATH		DSPITAL, NURSING FACILITY, GIVE STREET AD		OR OTHER INSTITUTION	12a USUAL OCCUPAT		26. KIND OF BUSINESS OF
LE	Baltimore		Parkman A		ie .	Unkno	wn C	&P Telephone
130.	JAL RESIDENCE (IF NURSING HOME STATE 113b, COI		THE RESIDENCE BEFORE A		1 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP CODE	
1	Maryland		Baltimor		YES S NO			nue, 21230
14_F	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME		45 17 12 5
	John	L.	Thomps	on	Evelvn	MIDDLE T.		Bowrey
	WAS DECEASED EVER IN U.S. A	ARMED FORCES?	6b SOCIAL SECUR		17 INFORMANT	ADDR	ESS	BOWLEY
	(yes, no or unknown) (if yes, (	GIVE WAR OR DATES)	12-30-33	46	Vicki Lynn	Helwig, 441	3 Alan D	
	18 CAUSE OF DEATH (Enter PART I, DEATH WAS CAUS	only one couse per li	ne for (a), (b), and	(C1,)				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		ATE CAUSE (a)	Caccania	1=	to brest ?	CNS meters	lotes	44-1
		DUE TO, OR	AS A CONSEQUEN	ICE OF				
	Conditions, if ony, which	( (b)						
	gave rise to immediate couse (a), stating the	DUE TO OR	AS A CONSEQUEN	ICE OF				
	underlying couse lost.	(c)						
z	PART 2 OTHER SIGNIFICAN	CONDITIONS CON	TRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	IDITION GIVEN IN	N PART 110
CERTIFICATION	190 DATE OF OPERATION	196 CONDITI	ON FOR WHICH O	PERATIO	NI WAS DEDECORATED		20b. IF YES, WE	
2					N WAS PERFORMED	20a. AUTOPSY?	IN CERTIFYING	RE FINDINGS USED G CAUSES OF DEATH? NO [
	21a. ACCIDENT WAS UNDERLYING				21¢ HOW INJURY OCCUR	YES NO	IN CERTIFYING	CAUSES OF DEATH?
	OR CONTRIBUTING CAUSE OF D	EATH HOUR A.M	INJURY MONTH DAY	YEAR		YES NO	IN CERTIFYING	CAUSES OF DEATH?
		HOUR A.M. P.M. 21e. PLACE OF	MONTH DAY	YEAR	21¢ HOW INJURY OCCUR	YES NO	IN CERTIFYING YES   JRY IN ITEM 18 PART 1 (	G CAUSES OF DEATH? NO  OR PART ?)
MEDICAL C	OR CONTRIBUTING CAUSE OF C	HOUR A.M. P.M. 21e. PLACE OF	MONTH DAY	YEAR	21¢ HOW INJURY OCCUR	YES NO	IN CERTIFYING YES   JRY IN ITEM 18 PART 1 (	CAUSES OF DEATH?
	OR CONTRIBUTING CAUSE OF C (IF EITHER, NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1) (this has	HOUR A.M. P.M. 21e. PLACE OF (AT HOME STREE	FINJURY T. FACTORY, OFFICE, FAR	YEAR 19	211 LOCATION STREET , 19	YES NO CITY OR TO	IN CERTIFYING YES   JRY IN ITEM (B. PART ) (	G CAUSES OF DEATH? NO  OR PART 2)  COUNTY STATE  , that (1) (we) lose
	OR CONTRIBUTING CAUSE OF CONTRIBUTING NOTIFY MEDICAL EXAMING INJURY OCCURRED  WHILE NOT WHILE AT WORK  220. ( certify that (1) (this has sow the deceased alive cobaye, (1) (we) (did) (did)	HOUR A.M. P.M. 21e. PLACE OF (AT HOME STREE	FINJURY T. FACTORY, OFFICE, FAR	YEAR 19 METC)	216 HOW INJURY OCCUR	YES NO CITY OR TO	IN CERTIFYING YES   DRY IN ITEM 18 PART 1 (  DWN (  19	G CAUSES OF DEATH? NO  OR PART ?)  COUNTY STATE  , that (I) (we) later the courses stated
	OR CONTRIBUTING CAUSE OF C (IF EITHER, NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1) (this has	HOUR A.M. P.M. 21e. PLACE OF (AT HOME STREE	FINJURY T. FACTORY, OFFICE, FAR	YEAR 19 METC)	211 LOCATION STREET , 19	YES NO CITY OR TO DEED (ENTER NATURE OF INJURE	IN CERTIFYING YES  DRY IN ITEM 18 PART 1 of	G CAUSES OF DEATH? NO  OR PART 2)  COUNTY STATE  , that (1) (we) lose
	OR CONTRIBUTING CAUSE OF CONTRIBUTING NOTIFY MEDICAL EXAMING INJURY OCCURRED  WHILE NOT WHILE AT WORK  220. ( certify that (1) (this has sow the deceased alive cobaye, (1) (we) (did) (did)	P.M.  21e. PLACE OI (AT HOME STREE	FINJURY T. FACTORY, OFFICE, FAR	YEAR 19 METC)	211 LOCATION STREET  211 LOCATION STREET  19  nd that in (my) (our) apinion DEGREE  ATTENDING	YES NO CITY OR TO DECEMBED (ENTER NATURE OF INJURE OF IN	IN CERTIFYING YES  DRY IN ITEM 18 PART 1 of	G CAUSES OF DEATH? NO  OR PART ?)  COUNTY STATE  , that (I) (we) later the courses stated
	OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE AT WORK AT WORK Sow the deceased alive above, (1) (we) (did) (did 22b. SIGNATURE	P.M.  21e. PLACE OI (AT HOME STREE	FINJURY T. FACTORY, OFFICE, FAR	YEAR 19 METC)	211 LOCATION STREET  211 LOCATION STREET  At that in (my) (our) apinion DEGREE ATTENDING PHYSICIAN	YES NO CITY OR TO DIRECTOR PHYSIC	IN CERTIFYING YES   DRY IN ITEM 18 PART 1 of  DWN   , 19   ote and hour and	G CAUSES OF DEATH? NO  OR PART ?)  COUNTY STATE  , that (I) (we) later the courses stated
WEDICAL WEDICAL	OR CONTRIBUTING CAUSE OF DE LIFE EITHER. NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED  WHILE AT WORK NOT WHILE AT WORK.  22a. I certify that (1) (this has saw the deceased alive above, (1) (we) (did) (did in 2b). SIGNATURE  22d. PHYSICIAN'S NAME (TYPI)  Dr. Serpick  BURIAL, CREMATION, REMOVA	P.M.  21e. PLACE OI (AT HOME STREE  pital) attended the 201 1011 view the Body of	MONTH DAY	YEAR 19 M ETC)	211 LOCATION STREET  211 LOCATION STREET  212 ATTENDING PHYSICIAN  222 ADDRESS	YES NO CRED (ENTER NATURE OF INJUDENT OF I	IN CERTIFYING YES   DRY IN ITEM IS PART I OF	COUNTY STATE  , that (I) (we) log throw the couses stated 222. DATE/SIGNED
WEDICAL WEDICAL	OR CONTRIBUTING CAUSE OF COMERCIAL EXAMINATION OF COURRED  WHILE NOT WHILE AT WORK  220. ( certify that (1) (this has sow the deceased alive cobove, (1) (we) (did) (did to 22b. SIGNATURE  22d. PHYSICIAN'S NAME (TYPE)  Dr. Serpick	P.M.  21e. PLACE OI (AT HOME STREE	MONTH DAY  FINJURY T, FACTORY, OFFICE, FAR  deceosed from ter death.	YEAR 19 METC)	211 LOCATION STREET  211 LOCATION STREET  21 d that in (my) (our) apinion DEGREE  ATTENDING PHYSICIAN & 222 ADDRESS  7620 York F	YES NO CITY OR TO PHYSIC AZION CITY OR TOWN	IN CERTIFYING YES   DWN  19  lote and hour and FF CIAN   COL	G CAUSES OF DEATH? NO  OR PART ?)  COUNTY STATE  , that (I) (we) later the courses stated
WEDICAL WEDICAL	OR CONTRIBUTING CAUSE OF C (IF EITHER, NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED  WHILE NOT WHILE AT WORK  220.1 certify that (1) (this has sow the deceased alive cobove, (1) (we) (did) (did id)  22b. SIGNATURE  22d. PHYSICIAN'S NAME (TYPI  Dr. Serpick  BURIAL, CREMATION, REMOVA (SPECIFY)	P.M. 21e. PLACE OI (AT HOME STREE DITO) OTTENDED THE BODY OF THE B	MONTH DAY  FINJURY T, FACTORY, OFFICE, FAR  deceosed from ter death.	YEAR 19 METC)  ME OF C	211 LOCATION STREET  211 LOCATION STREET  21 d that in (my) (our) apinion DEGREE ATTENDING PHYSICIAN 22e ADDRESS  7620 York F EMETERY OR CREMATORY	YES NO CITY OR TO DIRECTION DIRECTION DATE OF INJURIES	IN CERTIFYING YES   DWN  19  lote and hour and FF CIAN   COL	COUNTY STATE  Thom the couses stoted



BALTIMORE, MARYLAND 21201	
, BALTIMORE,	
PRESTON ST.	
201 W	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., B	
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05338	1 -	FOR STATE REGISTRAR	DEPART	CERTIFICATE OF DEATH  EPARTMENT OF HEALTH AND MENTAL HYGIENE S  REG. NO.				
4		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
ge 4 moy be ector, page 3	( I YPE	OR PRINT) Irma	D.	Mooney		4 28	86	M
4 moy ar, pag after de	3. SE		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRT	HDAY) IF	UNDER TYEAR	IF UNDER 24 HRS
rectar,		Female	Black	MONTH DAY YEAR	70	MON	NTHS DAYS	HOURS MIN.
direc	96 DI		7b. CITIZEN OF WHAT COUNTRY		73	YRS.	EDEATH	
F. F. P. C. P.	7U. DI	RTHPLACE (STATE OR FOREIGN	USA	MARRIED NEVER MARRIED				
r death. Page funeral direction of the control of t				WIDOWED DIVORCED	Baltimo	re Cit	у	MD.
e e 3	10. C	TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREE	NG HOME OR OTHER INSTITUTION T ADDRESS)	120. USUAL OCCUPATION		12b. KIND O INDUSTRY	OF BUSINESS OR
5 0 三		Balto.	2139 Chelsea		Unemploy	ed		
hou din		AL RESIDENCE (IF NURSING HOME OF TATE 136 COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFO NTY 1136. CITY OR TON		13e.STREET ADDRESS /	ZIP CODE		
filled ould k		Md.	Balto.	YES K NO	2139 Chel		c 2	21216
	14 F A	THER'S NAME		15. MOTHER'S MAIDEN NA	ME			
mpletely ond 2 sl		William	Webb	Bertha	WIDDLE	Thor	nac LAS	.T
+ 0 -		VAS DECEASED EVER IN U.S. AF			ADDRE	SS	110.5	
Poges medical	(	res. NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	0003 Albout Manua	2120	01 7	-	
he m	-		217-20-		ey 2139	Chelse		
icate hysic pope aval nt, t		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b) o	oable Myoca	ndanl		BETWEEN	MATE INTERVAL ONSET AND DEATH
ertif		IMMEDIA	TE CAUSE (a)	Debt.	Infant	V/4		
th c cark r, or notic		DUE TO, OR AS A CONSEQUENCE OF						
dea atte ove stion	31	Conditions, if any, which	( Ib)	Hero & leuk	je Vem	Ans.	an	
the remo		gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQU	JENCE OF	Noorl			
that l by sase al, cr	1	underlying couse lost.	(c)					
aned n ple ourie		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OF CONE	ITION GIVEN	IN PART 11	0
n sig	ON ON	b	100 Ruse os	win more	e la s			
beer mit.	TAT	190. DATE OF OPERATION	196. CONDITION OR WHICH	H OPERATION WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, V		
s s e e s	Ē				YES T NOT	YES		OF DEATH?
N: The cote h consit p Hygier Hygier 18 show	CERTIFICATION	210. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCUR		Y IN ITEM 18 PAR	1 OR PART 2)	
phy	34	OR CONTRIBUTING CAUSE OF DE						
YSIG ding s ce s ce Suric Men	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	P.M. 21e. PŁACE OF INJURY	21f LOCATION				
the things and a sed o	ME	WHILE NOT WHILE	(AT HOME STREET, FACTORY, OFFICE	FARM, ETC ) STREET	CITY OR TO	WN	COUNTY	STATE
Afte as and hark		AT WORK AT WORK					VI	
olo olo olo OR: Use Isn		sow the deceased alive or	ital) attended the deceased from					that (1) (we) last
ATT Dspit Dspit d fo d fo m 21		obove, (I) (we) (did) (did no	ot) view the body after death	, and that in (my) (our) apinion	deoth occurred on the do	te ond nout o		
OR he he DIRE OCHE Dep		22b. SIGNATURE	AL ala	DEGREE ATTENDING	MEDICAL _ STAF	6	22c. DATE	SIGNED
TAL y th y th AL detc are		PHYSICIAN DIRECTOR PHYSICIAN						
2 D H + W 2		27d. PHYSICIAN'S NAME (TYPE		22e ADDRESS				1.00
		15.1-7	Bollsy					
0 € 5 € 1 3 <del>/</del>	23o. E	urial, cremation, removal	23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d LOCATION			
BP		Burial	5/1/86 k	King Mem. Pk.	Randalls		1d.	STATE
		JNERAL DIRECTOR		250 DA1	E REC'D. BY REGISTRAR			URE - C
DHMH - 16 60M 7/84 (VRA 15, 4)		Wm C March F/	H West 4300 Wat		AY 1 1986		はいいのは	
(410 13, 4)		MIII O MATCH 1/	ii west 4300 Wal	Jasii Ave   IVI	VI T 1000	1		

STATE OF MARYLAND



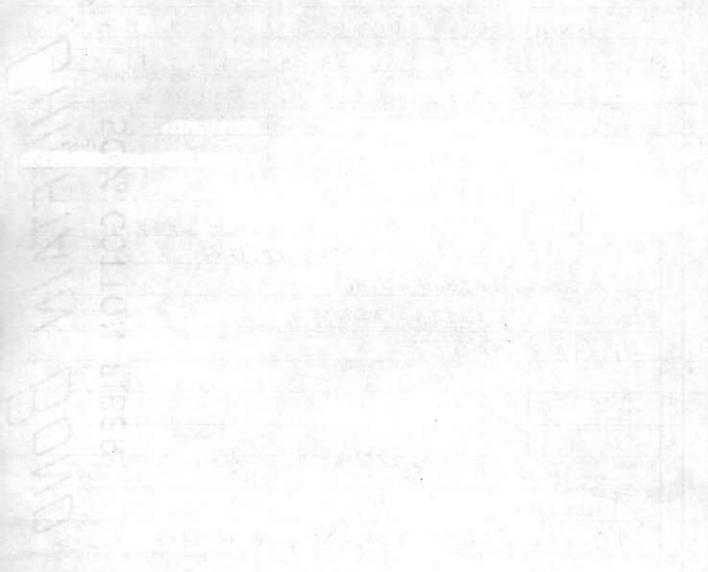
## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIFICATE OF DEATH

O	REG. N	10.	· O		
DATEC	F DEATH	MONTH	DAY	YEAR	2
		.0		0 1	

00-02456	1 - FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH					0 9 9 0
of be deep and deep and deep the		CEASED NAME FIRST	WIDDLE	Moore sr		1 86 5:38 AM
e 4 moy be	3. SE		14 RACE Black	5 DATE OF BIRTH MONTH DAY YEAR 23 33	6. AGE (IN YEARS LAST BIRTHDAY)  6. AGE (IN YEARS LAST BIRTHDAY)  YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
nerol dire		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTI		Baltimore CITY OR COUNTY	OF DEATH
The form	0	attimore	11. NAME OF HOSPITAL, NUR MENOT IN SUCH FACILITY, GIVE STI	SING HOME OR OTHER INSTITUTION REET ADDRESS)	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LII ) [Sab] ed	
AND 212	13a	STATE 35 COU	PROTHER INSTITUTION GIVE RESIDENCE BE INTY 136. CITY OR TO BATO	OWN 136. INSIDE CITY LIMITS?	138 STREET ADDRESS / ZIP CODI	
MARYLAND mpletely fills Cod 2 miles Cod 2 miles Cod 2 miles Cod 2 miles Cod 3 miles Cod 4 miles Cod 5	V	ATHER'S NAME FIRST	MIDDLE LAST		MIDDLE	H LAST
Gate be execu-		NAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATEST	8-0689 EHa M. I	address auis 1619 Boo	
4 692 4	188		only one cause per line for (a) (b) ED BY: ATE CAUSE (a) OARDI	SPULMONARY F	primet	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PRESTON ST fin death cert he otherding in move corbor maken, or rer r traumotic ev		Conditions, if any, which	DUE TO ORAS A CONSE	QUENCE OF CHF		
201 W. PR es that the please ten ural, crem	8	gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSE	OVENCE OF APREST		
ORDS, 20	NOIL	SIP CVA	1 DEMENT	TO DEATH BUT NOT RELATED TO THE TERA A		
AL RECO	CERTIFICATION	190. DATE OF OPERATION		ICH OPERATION WAS PERFORMED	YES NO Y	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \( \text{NO} \)
DIVISION OF VITAL RECORDS, NG PHYSICIAN. The law require, other this certificate the been vigor of the buriof-training patient. Then the ond Membel Hydress prior the orked or frem 18 himser cany inter-	MEDICAL CE	21g ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING  CAUSE OF DI  (IF EITHER NOTIFY MEDICAL EXAMINI	HOUR A.M. MONTH P.M.	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2}
DIVISION DING PHY or offer this e as the bu offer and M	MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFI	10284	CITY OR TOWN	COUNTY STATE
OR ATTEND to hospital or DIRECTOR: A sched for use Dept. of Heal		sow the deceased alive o above, (1) (we) (did) (did n	oital) attended the deceased fron11 n11 iot) view the body after death	, and that in (my) (our) apinion	death occurred on the date and how	
ITAL OR by the hy RAL DIRE detoche itote Dep		22b. SIGNATURE  77d. PHYSICIAN'S NAME CITYPE	que,	PEGREE ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
TO HOSPITAL of retained by the TO FUNERAL I should be detain with the Store I IMPORTANT: If		A.C. EN		ND 2435 W.	BELVEDERE	21215
BP		BURIAL, CREMATION, REMOVA (SPECIFY) Burial		Trownsville Vet Cem	Crownsville	COUNTY STATE Md
DHMH - 16 60M 7/B4 (VRA 15, 4)		UNERAL DIRECTOR 11171 am C. Marc	h F/H West 4300	Wabash Avenue	TE REC'D. BY REGISTRAR 256. REGIST	TRANS SIGNATURE

Will'fam C. March F/H West 4300 Wabash Avenue



•

FOR - STATE REGISTRAR DECEASED NAME

(TYPE OR PRINT)

Male

To. BIRTHPLACE (STATE OR FOREIGN

18. CITY OR TOWN OF DEATH

N. Carolina

Balto

14 FATHER'S NAME

(YES, NO OR UNKNOWN)

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

230. BURIAL, CREMATION, REMOVAL

Buria1

Md.

CERTIFICATION

MEDICAL

3. SEX

FIRST

Henry

Lawrence

7b. CITIZEN OF WHAT COUNTRY?

4. RACE

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)

130. STATE

113h. COLINTY

Black

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH

DAY

3/29/1918

YEAR

LAST

5. DATE OF BIRTH

HIMOM

Moore

YGIENE	854
	Ö

68

REG. NO

April18th 1986

YRS

2b HOUR

IF UNDER I YEAR

12P.

IF UNDER 24 HRS

MIN

20 DATE OF DEATH MONTH

6 AGE (IN YEARS LAST BIRTHDAY)

THPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF WI	HAT COUNTRY? 8.	ED NEVER MARRIED	9 BALTIMORE CITY OR CO	UNTY OF DEATH
Carolina "	USA	WIDOW		Baltimore,	City MD.
Y OR TOWN OF DEATH		SPITAL, NURSING HOME	OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR	12b. KIND OF BUSINESS OR
alto.	Luther	an Hospital		Koppers Co	. Retired
L RESIDENCE (IF NURSING HOME C TATE 13b COU	NTY 1	ve residence before admission; 36. CITY OR TOWN Balto.	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP	CODE Ave. 21229
THER'S NAME			15. MOTHER'S MAIDEN NA		ore ave. 2122)
Sonny	Moore	LAST	Lillie M	MIDDLE MODEL	LAST
AS DECEASED EVER IN U.S. A		66 SOCIAL SECURITY NO.	17 INFORMANT	lae Moore	
ES, NO OR UNKNOWN) (IF YES G	IVE WAR OR DATES)	214-03-8629	Katherine M	Moore 1110 Sem	inole Ave.
18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	inly one couse per lus ED BY: ATE CAUSE to)	cute and	onasy oc	clusion	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		AS A CONSEQUENCE OF		1 2	
Conditions, if any, which gove rise to immediate	(b)	MASCV	DECA	-0,	
couse (0), stating the underlying couse last	DUE TO, OR A	AS A CONSEQUENCE OF			
PART 2 OTHER SIGNIFICANT	CONDITIONS CON	ITRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	UNAL DISEASE OR CONDITION	ON GIVEN IN PART 140
90 DATE OF OPERATION	196 CONDITIO	ON FOR WHICH OPERATIO	DN WAS PERFORMED	200 AUTOPSY? 20b	IF YES, WERE FINDINGS USED CERTIFY ING CAUSES OF DEATH? YES \( \text{YES} \)
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE			21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN 1	
21d. INJURY OCCURRED	21e. PLACE OF		211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
AT WORK NOT WHILE AT WORK				~ 1	0
220.1 certify that (1) this has saw the deceased allow above, (1) twell tolid beald in	allend	9 1986 00	and that in (my) (aur) apinion	death occurred on the date or	tho (1) (we) lost and hour and from the causes stated
11 SHONATURE	Lzan	mx	DEGREE  ATTENDING PHYSICIAN	MEDICAL STAFF	22c. DATE SIGNED
BENJET	DR.	DRAPO.	22e ADDRESS	licae Ben	to may 222
JŘIAL, CREMATION, REMOVA	23h DATE	23¢ NAME OF	CEMETERY OR CREMATORY	23d LOCATION	
ria1	4/22/86		Park Cem.	Balto, B.	
NERAL DIRECTOR		O - ADDRESS	25a. DAT	E REC'D. BY REGISTRAR 256. R	EGISTRAR'S SIGN ATORE
harles A. Rice	FSPA 130	O Eutaw P1,	IAPI	R 22 1986	w Davidson

04379

50 0 prior ond Mentol Hygie morked or Item 18 Aid be detached the Shate Dept.  $\pm$ CRTANT

DHMH - 16 60M 7/84 (VRA 15, 4)

24. FUNERAL DIRECTOR Charles A. Rice FSPA 1300 Euraw P1.

-03970	1.	FOR - STATE REGISTRAR	DEPARTM	STATE OF MARYLAND SENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE & AREG. NO.	10	92
despe d	(TYP	CEASED NAME FIRST		MORE	0	7 10 0	36 11:30 Pm
1 11 18	1.56	Female	4. RACE White	S. DATE OF BIRTH  MONTH  O3 / 24/ 13	6 AGE (IN YEARS LAST BIRTHE	MONTHS D	EAR IF UNDER 24 HRS ATS HOURS MIN.
1 12 3	# B	IRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED NORCED	9. BALTIMORE CITY OR Baltimo	county of DEATH	H MD.
(# 1/3	1	SALTIMORE	11. NAME OF HOSPITAL, NURSIN	GHOME OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W Seamstress	VORKING LIFE) INDUS	ND OF BUSINESS OR
A Total	130.	STATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE			IP CODE HORTON	AVE ZIZZŠ
300	1	HENRY WAS DECEASED EVER IN U.S. AR		LER FIRST ALV	EKTA- MIDDLE WILLIAMSV	PAI	LLIPS
to be exe	1	ES NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES) 2161265	93 Ross H. Sen	tz 93 Lehn Sı	prings Dr	,
an physic bon paper removal		PART I. DEATH WAS CAUSE	ly one couse per line for (a), (b), one DBY: E CAUSE (a) TERMI		TIC Sml. (	Cell BETW	PROXIMATE INTERVAL EEN ONSET AND DEATH
that the death of by the attending of cemetron or other traumatic		Conditions, if ony, which gove rise to immediate cause (a), stofing the underlying cause lost.	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)	Ca of L	ung		
equires n signed Then pla thistory, o	NOI	PART 2. OTHER SIGNIFICANT (	CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDI	TION GIVEN IN PAR	T 100
The low	CERTIFICAT	9a DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED		20b IF YES, WERE FII IN CERTIFYING CAU YES []	
CLEAN OF Physics of Ph	1 3	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH DA	Y YEAR 19	RRED (ENTER NATURE OF INJURY I	N ITEM 18 PART 1 OR PART	12)
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CATTENDER Hospital or RECTOR: A sed for use ppt of Health		sow the deceased alive on	to)) attended the deceased from 19 5	BC. and that in (my) our opinion DEGREE	death occurred on the date		the couses stated  ATE SIGNED
HOSPITAL OR I'Med by the hold by the hold be detached the Store Dept. The Store Dept.		22d. PHYSICIAN'S NAME (TYPE O	M. I	ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIA	. 15	15/86
rio HOSPITAL refaired by the TO FUNERAL whould be detained the State	122	RAHM	HNG	30015	, HANOVER	57. 21	230
BP		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	1 1	edar Hill Cemetery	Baltimore	COUNTY	A. STATE

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

George J. Gonce 4001 Ritchie Hgwy Balto Md

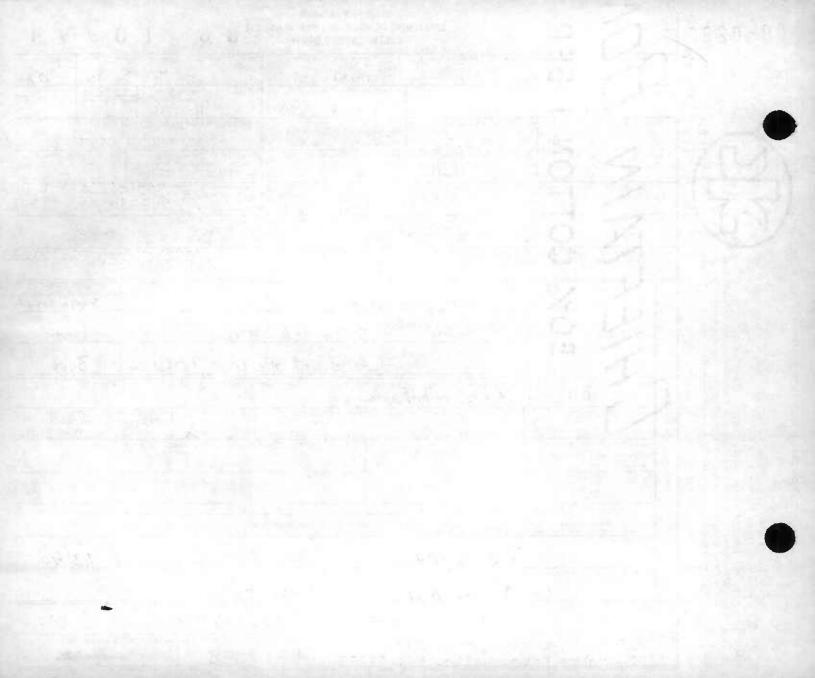
DHMH - 16 60M 7/84 (VRA 15, 4)

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etaly J 2 s	14 F	THER'S NAME FIRST A	AIDDLE LAST	15 MOTHER'S MAIDEN NA	ME	LAST
pmple ond		Braddy		ore Mancy		HIII
n and and a medica		VAS DECEASED EVER IN U.S. ARA VES, NO OR UNKNOWN) (IF YES, GIVE		SECURITY NO. 17 INFORMANT	ADDRESS	
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physici n paper moval.		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE		STATIC PANCRE	971C CARCINO	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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of the c se remo cremo	3	gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSE			
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1 11 1	CERTIFICATION	IN DATE OF ORDATION	Lin coupying	HICH OPERATION WAS PERFORMED	Too was a low w	
4 6 6 6 4	FICA	3/18 86	OBSTRUC		IN CER	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
40 41 44	ERT	21a. ACCIDENT WAS UNDERLYING	71b. TIME OF INJURY		YES NO	YES NO
A STATE OF		OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. MONTH	DAY YEAR	(ENTER NATURE OF INJURY IN TIEM	18 PART I OR PART 2)
Merio	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 21e PLACE OF INJURY	21f LOCATION		
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TENDS 108 Al 20 vie o 2 Health		saw the deceased alive an_				
R ATTENDE hospital or RECTOR At red for use o opt of Health wm 21 is ma	1	saw the deceased alive an abave, (I) (and did) (and did)	view the body after death	DEGREE		
A DRECTOR AF TO DRECTOR AF Proched for vie o to Dept of Health		abave, (1) (and (did) (did)	siew the body ofter death	DEGREE ATTENDING	MEDICAL STAFF	224 DATE SIGNED
SPITAL OF ATTENDING by the logger of the log		abave, (1) (and (did) (did)	ywle Su	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	122 DATE SIGNED
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3331 Brehms Lane, Balto, Md. 21213

(VRA 15, 4)

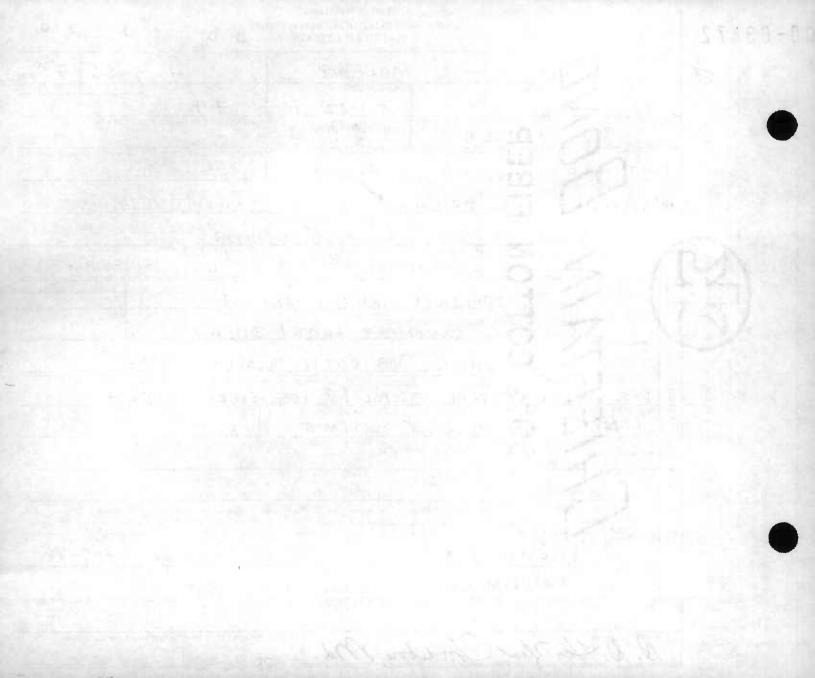


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80		CEASED NAME FIRST	VE CARRO	LL S	MORGAN	20. DATE OF DEATH MONT	14 86 8 40	<b>A</b>
ofter of	3.5E		. RACE White	5 DATE (		6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS	HRS.
000		IRTHPLACE (STATE OR FOREIGN 7	CITIZEN OF WHAT COUN	VTRY? 8		9 BALTIMORE CITY OR CO	VRS. DUNTY OF DEATH	
12	2	COUNTRY)	/ USA	MARRIE	D NEVER MARRIED DIVORCED D	Baltimore		
7	0	Balto.	1. NAME OF HOSPITAL, N	URSING HOME (	DR OTHER INSTITUTION	12a. USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WOR Homemaker	RKING LIFE) 126. KIND OF BUSINESS	
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and and		VAS DECEASED EVER IN U.S. ARM YES NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	SECURITY NO. 6 0225	Eugenia Mo	address Sangan, Sa	ame	
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permit. They me prior to b	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR W			20a AUTOPSY? 20b.	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH YES NO NO	?
10 type	(AT) 13	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH	H DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN IT		_
and Me	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, C		21f LOCATION STREET	CITY OR TOWN	COUNTY STA	TE
pt. of Healt em 21 is ma		220.1 certify that (20) (this haspito	I) attended the deceased f	19 86, 01	nd that in (my) (aur) opinian o	deoth accurred an the date an	, 19 , that (I) and hour and from the causes state	last
th the Store De		Clubry	D Kickerd	son M	ATTENDING PHYSICIAN TO ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN [	14 Apr 1	980
520		Aubrey D. (Ric	chardson, M	D	Keswick -	lome, Balto.	MD	
4 7 5	0.0		23b. DATE		EMETERY OR CREMATORY	23d LOCATION	, IVID	

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR Henry W. Jenkins & Sons Co. 4905 York Road Balto., MD 21212

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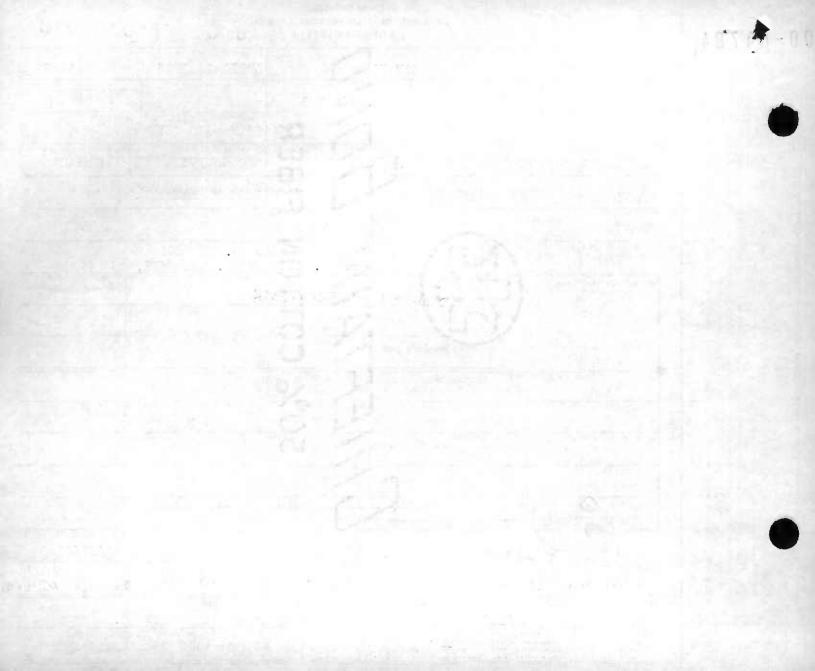


Leonard J. Ruck, Inc. Baltimore, MD

(VRA 15. 4)

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. m=		CEASED NAME FIRST	MIDDLE		LAST		20 DATE OF DEATH	MONTH DA	Y YEAR	2b. HOUR
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ge 4 mg ector. p	3. SE	× FEMALE	4. RACE WHITE		DATE OF BIRTH JAN. 24, 1		82		ONTHS DAYS	HOURS MIN.
leath. Pogneral dir.		IRTHPLACE (STATE OR FOREIGN COUNTRY)  OHIO	76. CITIZEN OF WHAT CO USA	N	ARRIED NEVER M		BALTIMORE CITY O		OF DEATH	MD
ofter of with the fu	10. C	BALTIMORE	11. NAME OF HOSPITAL,	NURSING H	OME OR OTHER INST		10. USUAL OCCUPATION HOUSEWIFE	ON of working life)	126 KIND OF	AKER
24 hours	USU 13a. :	AL RESIDENCE (IF NURSING HOME OR STATE MARYLAND 13b COUN	OTHER INSTITUTION, GIVE RESIDER	1MORE	5510N) 13d. INSIDE CI	TY LIMITS?	78TET WALEST	SZIPASOĐE.	(2121	5)
MARYLA mpletely ond 2 sh examiner	14 F/	ATHER'S NAME	MIDDLE	ÊN		LDA	MIDDLE		BELL	ER
be executed and complete or supposes on medical ex	16a \	WAS DECEASED EVER IN U.S. AR		03-500	7	DOMA	LD S. FRANI DY RD. COLU		OH 43	209
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours retending physician.  When this certificate has been signed by the attending physician and completely filled in by as the buriot-transit permit. Then please remove carbon papers. Pages ond 2 should be fill than domental Hygiene prior to buriot), cremation, or removal.  The angle of the prior to be prior to buriot, are approximately and the medical examiner mastible in an execution or removal.		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT	nly one couse per line for (o D BY: TE CAUSE (o) DUE TO, OR AS A CO	SASII	ac che	CINOM	4		APPROXIN BETWEEN O	MATE INTERVAL INSET AND DEATH
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ON OF VITA  TYSICIAN: TH ding physicia is certificate buriol-transit Mental Hygie		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MON	TH DAY	YEAR	IURY OCCURRE	D (ENTER NATURE OF INJUI	RY IN ITEM 18 PAR	T 1 OR PART 2)	
DIVISION DING PHYS or ottendin After this c se as the bur oith and Me	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTOR)		21f LOCATIO STREET	N	CITY OR TO	wN	COUNTY	STATE
R ATTENDIN hospital ar IRECTOR: At hed for use a ept. of Health		220.1 certify that (1) (this hosper saw the deceased alive on above. (1) (we (did) (did no		19	ond that in (my) (	, 19 2L our) apinion de	oth occurred on the do	te and hour o		hot (I) (we) lost ouses stated
0 0 0 0 0		226 SIGNATURE	Evin		DEGREE A	TTENDING HYSICIAN X	MEDICAL STAI	F IAN []	4/21	
TO HOSPITAL TO FUNERAL I should be deto with the Store (IMPORTAN). If		Claudio	Cevin		220 ADDRESS	95.9	solfidd	Rd.	δω ίνη	21117 5 MillsM
BP	23a. I	BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	23b DATE 4/22/86		OF CEMETERY OR C		23d LOCATION CITY OF TOWN BALTIM	MORE, M	COUNTY ID.	STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	24 F	UNERALDIRECTOR SOL LE	EVINSON & BRO		MD. (21215	A.	PR 25 198	25b. REGISTR	ARS SIGNATU	IRE James



5305 Harford Rd.

24 FUNERAL DIRECTOR

Leonard J. Ruck, Inc.

DHMH - 16 60M 7/84

(VRA 15, 4)

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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1/2	3. SE		4. RACE		5. DATE OF		6. AGE (IN YEARS LAST BIR	THDAY) IF	UNDER I YEAR	IF UNDER 24 HRS
		Female	Whi	te	Sept	5, 1896°	89	YRS.	VIHS DAYS	HOURS MIN.
9 1		RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF W	HAT COUNTRY?	8 MARR'	■ VEVER MARRIED □	9 BALTIMORE CITY O	R COUNTY O	DEATH	
101	M	ississippi	US	SA		DIVORCED [	Baltimo	re Cit	Y ,	MD.
199	10. CI	TY OR TOWN OF DEATH		SPITAL, NURSIN		OTHER INSTITUTION	120 USUAL OCCUPATION		12b. KIND O INDUSTRY	F BUSINESS OR
3/0	10	Baltimore	Keswi	ck Hom	ie		Consultar			idal
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			Irving	Pollitt		Fannie	Misset	Bei	rtron	to an a
a decol		VAS DECEASED EVER IN U.S.	ARMED FORCES? 1	66 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS		
9	-	No		219 10	1687	Deborah B	Morrison	. Bai	lto.	MD
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Dept.		22b. SIGNATURE	De Mas C	7		GREE ATTENDING	MEDICAL STAF	F	22c. DATE	SIGNED
		- and and	ce i ive	gregore		PHYSICIAN E	DIRECTOR PHYSIC	IAN	1.00	71.00

(VRA 15, 4)

DHMH - 16 60M 7/84

230: BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial 23b. DATE 5/3/86

KESWICK, 700 W 404 STREET, BALTO. MD 21211 231. NAME OF CEMETERY OR CREMATORY Druid Ridge

Pikesville,

MD STATE

24 FUNERAL DIRECTOR Henry W. Jenkins & Sons Co. 4905 York Road Balto., MD 21212

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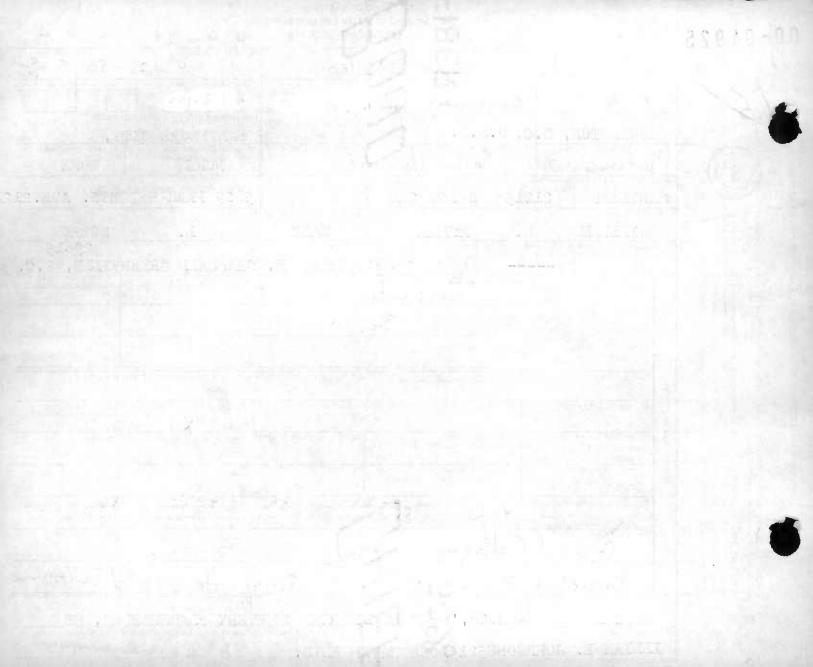
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2n. DATE OF DEATH MONTH 2b. HOUR I. DECEASED NAME (TYPE OR PRINT) 86 HARRTSON IF UNDER I YEAR IF UNDER 24 HRS 4. RACE 6. AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH MONTH male Caneasian NOV. BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE STATE OR FOREIGN MARRIED | NEVER MARRIED | C. U.S.A. WASHINGTON. D BALTIMORE CITY DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR NONE GILITY GIVE STIEE ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) WSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 5829 PARK HEIGHTS. AVE. 212: 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME MORROW Η. MARY  $\mathtt{MULLEN}$ 29615 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) CRANDALL GREENVILLE BERTRAM H. NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line fato), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE Conditions, if ony, which gove rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20e AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NON NO [ DIVISION OF VITAL Hygi 21a. ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 211 LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY COUNTY STATE CITY OR TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on above, (1) (we) (did) (did not) view the body after death. and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated 226 SIGNATUR DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d PHYSICIAN'S NAME (TYPE OF PRINT 22e ADDRESS should by again 0 23( NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE CITY OR TOWN BURIAL LINCOLN CEMETERY BLADEN 24 FUNERAL DIRECTOR DHMH - 16 50M 4/83 gedia Baiston Honore WILLTAM E. JOHNSON8521 LOCH RAVEN BLVD (VRA 15, 4)



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

								REG. NO.					
I. DECEASED NAME	FIRST	FIRST MIDDLE					20. DATE OF DE	ATH MONTH	DAY	YEAR	2b. HOUR		
(TIPE OR PRINT)	FRANC	FRANCES MARG			MULI	LIGAN	APRI	APRIL 27 1986			7:1	7:14	
3. SEX	4.1	RACE		5. DATE OF	BIRTH		6. AGE (IN YEARS	LAST BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 HRS	
FEMALE		WHITE		JUNE 22 1923			62	YRS.	MONTHS	DAYS	HOURS	MIM	
70. BIRTHPLACE (STATE OR FOREIGN		76 CITIZEN OF WHAT COUNTRY?			☐ NEV	ER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH						
MD.		U.S.A.		WIDOWED		DIVORCED [	BALT	IMORE	CITY	7		N	
10 CITY OR TOWN OF DEATH		NAME OF HOSPI			OTHER	INSTITUTION	120 USUAL OC	UPATION		KIND C	F BUSINI	ESSO	

BALTIMORE UNION MEMORIAL HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? BALTIMORE

HOMEMAKER 13e.STREET ADDRESS / ZIP CODE 5012 ARDMORE WAY 21206

4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE JOHN MEYERS LILLIAN 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT

215-18-2356

LANCE **ADDRESS** 3901 ST. PAUL RD (DGHTR) HAMPSTEAD, MD.

MIDDLE

18. CAUSE OF DEATH (Enter only one cause per line to PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to

9a DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR

NO I

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY

211. LOCATION

MEDICAL

AT HOME STREET FACTORY, OFFICE, FARM ETC 1

CITY OR TOWN COUNTY

22a. | certify that (1) (this hospital) attended the deceased from\_ sow the deceased alive on. (our opinion death occurred on the date and hour and from the causes stated above, (1) (westerd) (did not) view the body ofter death 22b. SIGNATURE DEGREE

22e ADDRESS

220 W. COLDSPRING LANE

ATTENDING X

DR. DONALD WEGLEIN

23a BURIAL, CREMATION, REMOVAL 23b. DATE BURTAT 5/1/86

23¢ NAME OF CEMETERY OR CREMATORY HOLY REDEEMER

23d. LOCATION BALTIMORE

DIRECTOR PHYSICIAN

COUNTY MD STATE

3331 Brehms Lane, Balto. Md. 21213 (VRA 15, 4)

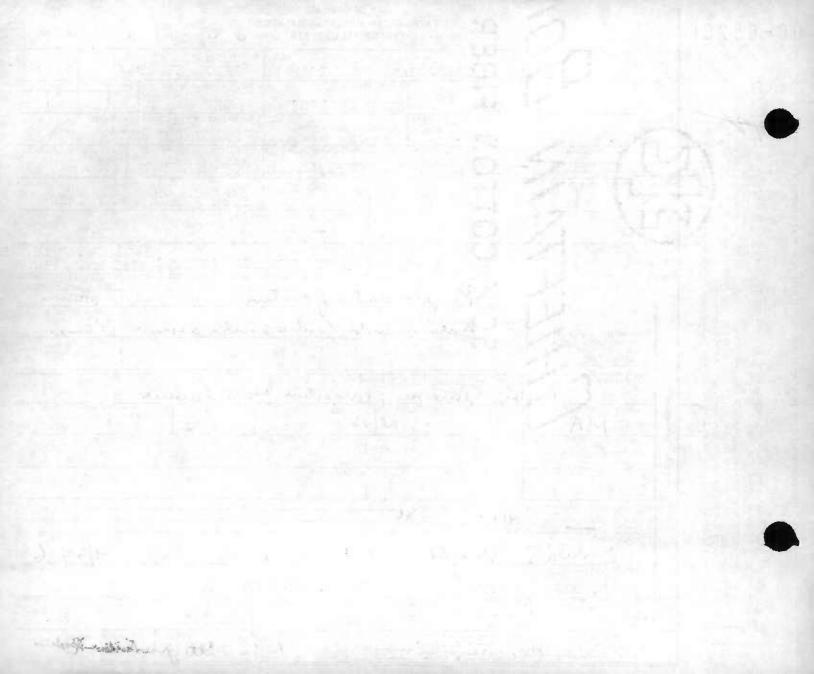
MD.

CERTIFICATION

250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE APR 30 1996 Studio Control

DHMH - 16 60M 7/B4

MPORTANI



0 = 0 4 6 9 3	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE B REDNO.	11004
y be	1. DECEASED NAME FIRST THE OR PRINT) MARGA		MURPHY	20 DATE OF DEATH MONTH	21 86 365 A
Out of the party o	FEMALE	CAUCA SIAN	5. DATE OF BIRTH  MONTH DAY YEAR  2 17 88	6 AGE (IN YEARS LAST BIRTHDAY)  YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS
by the formal di-	76. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  BALTIMORE M  10 CITY OR TOWN OF DEATH  BALTO. MD	VILLA ST. M.	MARRIED   NEVER MARRIED   WIDOWED   DIVORCED	12g USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI	MD.
ed within 24 hour mpletely filled in ond 2 should be examine mast be	USUAL RESIDENCE (IF NURSING HOME 130 STATE 13b CC BALTO, MD 14 FATHER'S NAME FIRST		YES NO I	WIDDIE	
ficate be execut hysicion and coppers. Pages novol. nrt, the medical	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse per line to 101, (b), on	2606 Mrs. Mary M	cCourt 911 Overb	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
hed by the death cert hed by the attending please mine collours. or other detends.	Conditions, if ony, which gove rise to immediate couse (0), stating the underlying couse last.	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)	ENCE OF Mulk my	lack demen	Cea
n. nos been sign permit Then ne prior to b. ws ony injury	PART 2. OTHER SIGNIFICAN  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING		DEATH BUT NOT RELATED TO THE TER OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \( \cap \) NO \( \cap \)
G PHYSICIAN: The other certificate in the buriel-transit and Mental Hygies ked or item 18 sho	VIO. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM) VIOLET CAUSE WHILE NOTIFY MEDICAL EXAM AT WORK AT WORK	DEATH HOUR A.M. MONTH D.	AY YEAR 19 21f LOCATION	RRED (ENTER NATURE OF INJURY IN ITEM 18  CITY OR TOWN	PART I ORPART ?)  COUNTY STATE
TO HOSPITAL On STENDING retoined by the hospital or of TO FUNERAL DIRECTOR, After should be detached for use as with the State Dept. of Health IMPORTANT. If them 21 is morth	22a.1 certify that (I) (this ha	<b>N</b> .	DEGREE ATTENDING PHYSICIAN 22e ADDRESS	n deoth occurred on the dote and had	19 6, that Dwe) lost us and from the couses stated  22c DATE SIGNED  422-56
TO HOSP retoined TO FUN should b with the	230. BURIAL, CREMATION, REMOV		7270 NAME OF CEMETERY OR CREMATORY  Tew Cathedral Cem.	23d LOCATION Baltimore,	Md. STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

74 FUNERAL DIRECTOR
NAME
MITCHELL-WIEDEFELD HOME, INC.

6500 York Rd.

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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DIVISION OF VITAL RECORDS, 201 W.

1 - STATE

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REGISTRAR							The state of	REG. NO.		
	CEASED NAME	FIRST	٨	MIDDLE	· ·	AST			DEATH MONTH	DAY YEAR	2b. HOUR
TYPE	OR PRINT)	YVE	<b>PTE</b>		MURI	PHY		4/8	7(86		5130 AM
3. SE	X		4 RACE		5 DATE C			6. AGE (IN YEA	ARS LAST BIRTHDAY)	IF UNDER I YEAR	
F	EMALE		BLAC	CK	MONTH	17	1909		76 YR	MONTHS DAYS	HOURS MIN.
	RTHPLACE (STATE OR	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	NEVER A	AARDIED []	9 BALTIMOR	E CITY OR COUN	ITY OF DEATH	
O	KLAHOMA		U.S.	.A.	WIDOWE		VORCED	BAL	TIMORE	City	MD.
10 C	ITY OR TOWN OF DE	ATH		OSPITAL, NURSIN			NOITUTION	12a. USUAL O		37	OF BUSINESS OR
BA	LTIMORE C	LTY	OIND"	N^CMEMORIA	THOS	SPITAL		SCHO	OL TEAC	HER	
	AL RESIDENCE (IF NUR	1136 COU				1124 INISIDE C	COTIANIA	112 STORET A	DDDESS / 7ID CC	nc 21	20
M	ARYLAND	138 000	INIT	BALTIMO	RE	YES YES	NO [	JA. A	DDRESSOLD	SPRING	LANE
	ATHER'S NAME						MAIDEN NA	ME			
	GEORGE		MIDDLE DAV	IDSON"		TE .	ROSE		DR	AKE	AST
	WAS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17 INFORMA			ADDRESS		
- (	AEZ MOS (INKNOMN)	(IF YES, GI	VE WAR OR DATES)			JNME	S H. N	MURPHY	14 W.	COLDSP	RING LAN
CERTIFICATION	Conditions, if any gove rise to imcause (a), statiunderlying couse PART 2. OTHER SIG	VAS CAUSI IMMEDIA , which mediate ng the e last	DUE TO, OI  DUE TO, OI  DUE TO, OI  (c)  CONDITIONS	R AS A CONSEQUE  TO THE TO THE TOTAL	NCE OF	NOT RELATED	) TO THE TERM		PSY? 20b. IF		INGS USED
MEDICAL CER	210. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER NOTIFY MED 216 INJURY OCCUR	CAUSE OF DE	ATH HOUR A.	M. MONTH DA	YEAR 19	21c. HOW IN		RED (ENTERNAT	URE OF INJURY IN ITEM	18 PART I OR PART 2	
MEC		HILE		REET, FACTORY OFFICE, F	ARM ETC )	STREET			CITY OR TOWN	COUNTY	STATE
	220-1 certify that (1 saw the deceos abave, (1) (we) ( 22b. SIGNATURE	ed alive or	1//0	after death.		DEGREE !	ATTENDING _	MEDICAL _	an the date and	haur and from th	that (I) (we) last the causes stated
	226 PHYSICIAN'S N	AME (TYPE			,,,	220 ADDRES		THE STA	_ HOS	- B=	21218

BP.

TO FUNERAL DIRECTOR: should be detoched for us with the State Dept. of He IMPORTANT: If Hem 21 is

24 FUNERAL HOME 5209 RESYORK RD.

23b. DATE

4-12-86

230. BURIAL, CREMATION, REMOVAL

BURIAL

ARK BALTO M.D.

250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

COUNTY

DHMH - 16 60M 7/B4 (VRA 15, 4)

PARK ARBUTUS MEM

23c NAME OF CEMETERY OR CREMATORY

236 LOCATION

STATE

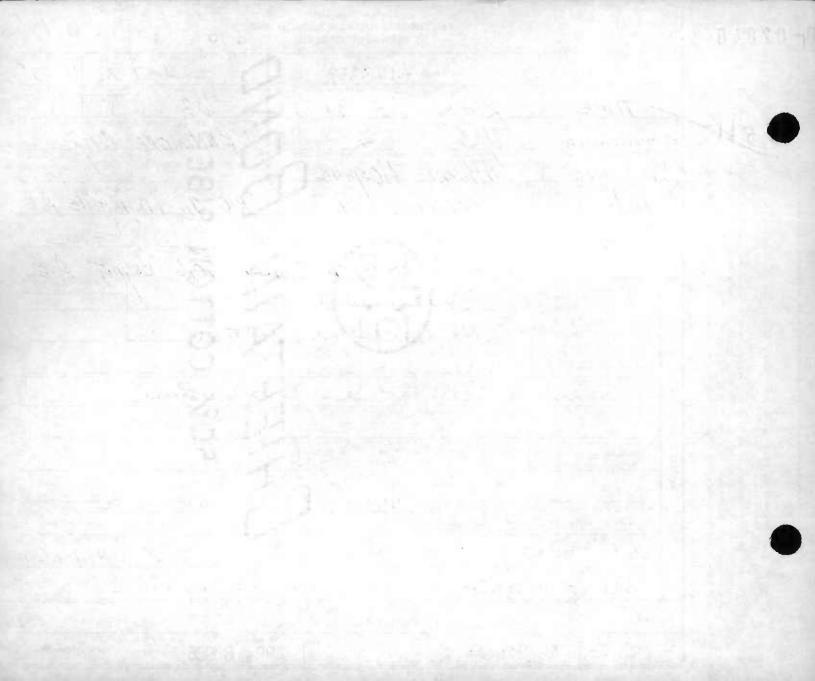
CALLAHOMA U.S.A. X SCHOOL TRADES

DAKES N. BURTER IN W. CONSCRETE THE

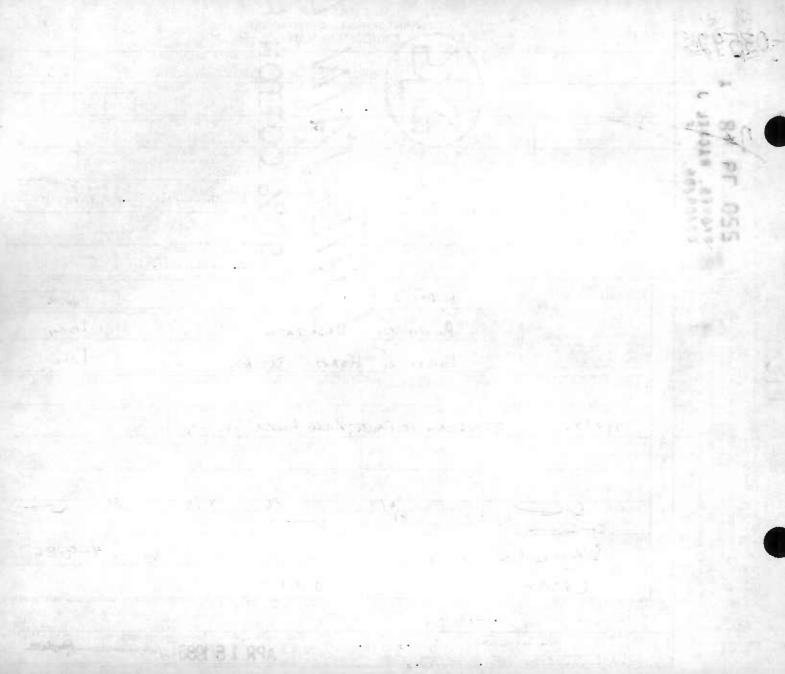
DESCRIPTION AND SECULORS.

PURELIAL FORE SECONDENSK RD.

	1			STATE OF MARYLAND			- 3
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0 02010	1.05	REGISTRAR	MIDDLE	LAST	REG.		
é wŧ		CEASED NAME FIRST			20 DATE OF DEATH		12:45 f
noy be	- 05			MURRAY		4-7-86	, JW
or. p	3. SE	-m-6	4 RACE	5. DATE OF BIRTH	AGE (IN YEARS LAST	BIRTHDAY) IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.
oge oge		MAR	MACK	2- 24 a	2	YRS	
1 5 a	0	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COU	MARRIED NEVER MARRIE	BALTIMORE CITY	OR COUNTY OF DEATH	
	re	NNSYLVANIA	W. J	WIDOWED DIVORCE		MORE CHY	MD:
of the day	1	FOR YOWN OF DEATH		TURSING HOME OR OTHER INSTITUTIO	N IZE USEAL OCCUPA (1996 OF WORK FOR MOS	TOF WORKING LIFET INDUSTRY	F BUSINESS OR
urs ours of file	1/2	HIMOLE	LUTHER	IN HOSPITAL			
AND 21		AL RESIDENCE (IF NURSING HOME OF		RTOWN INSIDE CITY LIM	140 (1	SIZIP CODE PAUET	the AUG
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MORE, ond op Poges		VAS DECEASED EVER IN U.S. AR	1 -1 -1	L SECURITY NO. 17 INFORMANT	ADD	PRESS /	1
IIMOR		res no or orangement	24-2	0-5311-KOSA 1	TURRAY 201	16 BRUANT	HUE
BAL1 ote   ote   ppers		18 CAUSE OF DEATH (Enter or	lly one couse per line foryal,	(b) and ics		APPROXIA BETWEEN O	MATE INTERVAL DISET AND DEATH
ST.,		PART I. DEATH WAS CAUSE	TE CAUSE (O)	deen death			
ON or recorbination			DUE TO, OR AS A CON	SEQUENCE OF			er on
PRESTON ne death c move cort motion, or rtraumatic		Conditions, if any, which	( (b) (40	Myscendral	marition		
the the rem		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CON	SEQUENCE OF			
that d by lease iol, c		underlying couse lost.	(c)				
S, 21	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	G TO DEATH BUT NOT RELATED TO THE	E JERMINAL DISEASE OR CO	NAITION GIVEN IN PART 110	A THE
RECORDS, low requirements been signerment. There expring to the prior to the second signer second signer second signer second se	CERTIFICATION	Congresi	ive mai	rfarme - 0	cenar for	une	
PREC.	F S	190 DATE OF OPERATION	196 CONDITION FOR	VHICH OPERATION WAS PERFORMED	20a AUTOPSY	20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES	GS USED OF DEATH?
VITAL  N. The hysicion physicion hysicion hygien hy	E	210 ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	121. HOW BUILDY O	YES NO	YES 🗌	NO 🗌
		OR CONTRIBUTING CAUSE OF DEA	1 110110 1 11 110117	H DAY YEAR	CCURRED (ENTER NATURE OF IN	JURY IN ITEM 18, PART 1 OR PART 2)	
ON OF ITYSICIA dring ph buriol-th Mentol	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER  21d. INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19 21f LOCATION			
S F a t a b b	ME	WHILE NOT WHILE	(AT HOME, STREET, FACTORY,		CITY OR	TOWN COUNTY	STATE
DIVIG or off or off se os fl eolth ar morke		22a I certify that (I) (this hospi	A-1\	417	86 4	17 81	
		sow the deceased alive on	417	01	pinion death occurred on the	date and hour and from the c	hot (I) (we) lost
R ATTER haspital RECTOR red for upt, of H		obove, (1) (we) (did) (did no 22b. SIGNATURE	t) view the body ofter death.	DEGREE		22c. DATE S	
0 0 0 0 5		July T Du	The	M O ATTEND	ING MEDICAL ST		7-86
HOSPITAL ined by the FUNERAL vid be det on the State ORTANT:		22d PHYSICIAN'S NAME (TYPE O	R PRINT)	22e ADDRESS	IAN DIRECTOR PHYS	SICIAN	106
		SICH TD	Mong	LUTH	ERAN HO	SPITAL	
or o	23o. 8	URIAL, CREMATION, REMOVAL		23c NAME OF CEMETERY OR CREMAT			
ВР	Bu	SPECIFY) Irial	4-10-1986	Maryland Nat'l Cen		Baltimor	e STATEMd.
DHMH - 16 60M 7/84					Y	AR 256. REGISTRAR'S SIGNATU	IRE
(VRA 15, 4)	地	itter & Sons Funera 01 Gwynns Falls Pki	wy. Baltimore, M	d. 21216	APR 0 8 1986		fendell.



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B	-0	315	学为后		STATE REGISTRAR				CERTIF	ICATE OF DEA	ATH	S O REG. N	10.		
79			10=		CEASED NAME FI	RST	WIDDIE	VELD	ı	AST		20. DATE OF DEATH		DAY YEAR	26 HOUR
~	2	2 4 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		1,,,,	RACHEI				MYONI	ES	- 0	APRIL 9, 1	986		1;30P <sub>M</sub>
in hely	E	d	7	3. SE	X	4 RACE			5. DATE C		VEAD	6 AGE (IN YEARS LAST BE	RTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.
700	, a	ecto		40	FEMALE	W	HITE	A A	MAR.	9, 1986	5 TEAR		YRS	/ 31	HOURS MIN.
	2	200	14/14	71.8	COUNTRY)	7b. CITIZE	N OF WHAT	COUNTRY?		NEVER MAR		9 BALTIMORE CITY	OR COUNTY	OF DEATH	
		1	30	1	NEW JERSEY	1	USA		WIDOWE	D DIVOR	RCED 🗌	BALTIMORE	CITY		MD.
	0	-	22	19 0	ITY OR TOWN OF DEATH	INO	T IN SUCH FACIL	ITY, GIVE STREET A	DDRESS)	R OTHER INSTITU		120 USUAL OCCUPAT		12b. KIND O	F BUSINESS OR
201		2	-046		ALTIMORE					HOSPITAL	L ,	NONE		NON:	Е
ND 21	10	10	2	13a.	AL RESIDENCE (IF NURSING STATE NEW JERSEY	COUNTY	ITUTION, GIVE RE	ARLBORO	admission)	13d INSIDE CITY	LIMITS?	13 TSREALGONE	UIN DE	9948	746-
YLA	1	a	92	/AME F	ATHER'S NAME	MIDDLE				15. MOTHER'S M.					
MAR	-	n	11/2	2	BENJAMIN	MIDDLE	M	YONES			HTIC	WIDDLE		ZILBER	
₩. H.	1	1			WAS DECEASED EVER IN L	J.S. ARMED FOR		OCIAL SECUR	ITY NO.			MIN MYONE			
- W		100	100		NO	TES, GIVE WAR OR DA	AIES)	NONE		18 ALGO	NQUIN	DR. MARLBO	RO, No	077	46
BALTIMOR		AR S	¥ .		18 CAUSE OF DEATH	nter only one cou								BETWEEN	MATE INTERVAL ONSET AND DEATH
ST.,	1	a pha	emo		PART I. DEATH WAS	AEDIATE CAUSE	(0)	Heperi	A				4	N	Hour
NO	+	nding	L O TO			DUE	TO, OR AS A	ONSEQUEN	NCE OF	114					
REST	** 5	offe offe	rotton		Conditions, if any, wh	ich (	(b)	PULMON	ARY	VASOS	PASM			1	DAY
I W. Pr		by the	ol, cremo		couse (o), stoting			CONSEQUENT		HEART	Des	22A3		l.	me
DS, 20	MARINE E	signed signed	o burio	Z	PART 2 OTHER SIGNIFIC	ANT CONDITIO	ONS CONTRI	BUTING TO DI	EATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE OR CON	IDITION GIV	EN IN PART 10	0
COR	3	been nit. I	rior in in	CERTIFICATION	190 DATE OF OPERATION	19b C	CONDITION	FOR WHICH C	PERATIO	N WAS PERFORM	ED	200 AUTOPSY?	20b. IF YES	, WERE FINDIN	NGS USED
LRE	2	has I	ows o	FIE	4/8/86	-	TATELI	OGY CE	FACE	ET; PULM.	ATRISIA	YES T NOTO		YING CAUSES	
VITA	7	ysicio	Hyg.	E E	21a. ACCIDENT WAS UNDERLY	ING 21b. T	IME OF INJU	JRY				ED (ENTER NATURE OF INJ	JRY IN ITEM 18 P	ART 1 OR PART 2)	
Q.		a ph ertifi	ntol mo	AL	OR CONTRIBUTING CAUSE	OFDEATH	P.M.	MONTH DAY	Y YEAR						
DIVISION OF VIT	×	nding his c	d We	MEDICAL	21d INJURY OCCURRED	21e P	LACE OF IN.			211 LOCATION STREET		CITY OR 10	OWN	COUNTY	STATE
N	٢	offer t	rked	2	WHILE NOT WHILE		OME SIREEL, FAL	CTORY, OFFICE, FAI	KW EIC )	SINGET		. /		COOM	STATE
	Š	A O	reolt s mo		220.1 certify that (1) the	hospital) attend	ded the dece	eosed from	417		19 86	_, to_ 4 /9		1986	thou (we) tost
	TI H	Spito	of h		sow the deceased o	did not view the	e body ofter a	death.	6, on	d that in @+ov	<del>r) o</del> pinion d	eath occurred on the d	ote and hour	ond from the	couses stated
	8	e ho	Dept		22b. SIGNATURE	06	)		(	DEGREE	highio	uspicu st.		22c. DATE	
	IAT	RAL det	NT. I		PRI	100 (O	سعا			PHY	SICIAN	MEDICAL STA	CIANO	4-	9-86
	450	FUNE	PORTA			TYPE OR PRINT)				22e ADDRESS	14				
20	20	eto.	₹ MA	220	BURIAL, CREMATION, REM		TE	[ 22, N	AME OF C			123d LOCATION			
17	7	RP /	69	230	(SPECIFY) BURIAL	APR	.11,19	86 HE	BREW	YOUNG ME		BAT TTMO	DE	COUNTY	STATE
4	DI:	MH - 16 50	# 1/P	24 F	UNERAL DIRECTOR S	OL LEVI	NISON S	RDOS	TNC		25a. DATE	REC D BY REGISTRAR	25h REGISTI	RAR'S SIGNAT	MARYLAND
	DHI	MH - 16 50 (VRA 15,									AP	R 1 5 1986	grikar	Davidson-	Mandelle
					6010 REISTE	KOTOMN I	KD. B	ALTO.	MD	21215	71	11 - 0 1000	10		



(VRA 15, 4)



			FOR			DEPARTM	ENT OF HE	ALTH AND MI	ENTAL HY	GIENE		, 4		
0 0000	7/		STATE REGISTRAR		ME	DICALE	XAMINER	'S CERTIFIC	CATE OF	DEATH	REG. I	NO U		
0-0365	1/2		CEASED NAME	FIRST		WIDDLE		LAST			TE KNOWN	MONTH	DAY YEAR	I2b. HOUR
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相談の集	#50	FO	REIGN COUNTRY)			~ ^		DOWED   NE	DIVORCED		Doll+imo	- Oit		
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ANY DELAY ND 3 TO TE RETAIN PAC	40		Balti		119 S.	Potom				Train	nan		Railroa	ad
E 2249	H H	USUA 13a. S		(IF IN NURSING HOME	OR OTHER INSTITUTION, O	13c. CITY C		13d. INSIDE CI	ITV EIMITCE II	13e STREET AD	DDESS	7	177	11
ANN AND AND AND AND AND		130. 3	Md.	130. COOT	and the second second second second		timore	YES 12		119 S.	Potoma	C ST	. 1 de lun	T
MD. # 20.2	9	14 F.A	THER'S NAME			1 2001	ozmor c		ER'S MAIDEN	_	a o o o mio	5 52,		
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TER FOR	2/	(YI	ES, NO, OR UNKNO	DEVER IN U.S. AR	MED FORCES? E WAR OR DATES)		AL SECURITY NO				ADDRE			
BALTIMORE S AFTER DEA GIVE PAGES ITH FOR(N P	DIVISION	N	lo o			717-0	07-7311	Marie	e Pfei:	fer 119	S. Po	tomac	St.	
- & ≥	S.		IB. CAUSE O	F DEATH (Enter DI	nly one cause per lin	e for (a), (b),	and (c).)					. 1	APPROXIMAT	TE INTERVAL
MA CAN	9		PARTIDE	ATH WAS CAUSE	D RY.			+ = 0	2:				BETWEEN ONSE	ET AND DEATH
9 4E08	S ≥ S			IMMEDIA	TE CAUSE (o)		EQUENCE OF	oric Care	ulovas	cuari	JISease	)		
EST A EST	¥ ¥ ¥		Condition	ns, if pny, which		K A3 A COI43	EGOEINCE OF						100	
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<b>2 2 2 3 3 3</b>	H AND MENTAL HYGIENE MATION, OR REMOVAL		171119 CO	30 1031.	(c)					ALC: Y				
BEAT SE	AFA		PART 2 OTNER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	N BUT NOT RELATI	D TO THE TERMINAL	DISEASE OR CONDITION	N GIVEN IN PART	1 (0).				
DIVISION OF VITAL RECORDS, S CERTIFICATE SHOULD BE EXEC RITING THE WORD'S "PENDING" RE3 SHOULD BE USED AS A BUL	ALTH AND MI	Z	90.25											
RECOI D BE F PENDII	E CE	CERTIFICATION	19a. DATE OF	OPERATION	19h COND	ITION FOR W	HICH OPERATION	ON WAS PERFOR	MED?				20 AUTOPSY	12
VITAL RESHOULD SHOULD SHOULD CHIEF A	A A	Š				1110.110.1		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
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P A E A	DEPARTMENT OF PRIOR TO BUR	8	UNDERLYING	AL CAUSE WAS	21b. TIME C	M. MONTH	DAY YEAR	It HOW INJURY	OCCURRED	LENTER NATURE	OF INJURY IN ITEM	18 PART 1 OR PART	(2)	
S SECTO	28	N.	CONTRIBUTI	NG CAUSE OF	DEATH P./	M.	19							
WISIO CERTIF TING 3 SHC	PRI	MEDICAL	21d. INJURY C	OCCURRED		OF INJURY		If LOCATION				100000		24 3
	20	E	AT WORK	NOT WHILE	STREET, FA	CTORY, FARM, ETC	:.)	STREET		CITY	OR TOWN	COUN	MTY	STATE
IER: THI SATE, W FORWA OR: PAC	STATE D	-	AT WORK	AT WORK				[]	-					
NER FORTE	<b>뿌</b> 9	- 10	22a I certi	fy that I took char	ge of the remains de	escribed abov	e, held on	Autopsy .	Inspection	L, Inq	uiry X,	and in my opin	nion	
20-2	4, WITH THE		death result	ed fram: Natu	ral causes X.	Accident	, Suicide	, Hamic	cide,	Undetermine	d manner	,		
SER E	AR			AT.	100	11		TITLE (S	SPECIFY)					
NO COLOR	±₹		ACTUAL SIGNATURE.	\M\O	mere h	ney/2	100	, , , , , , , , , , , , , , , , , , , ,		MEDICAL E	V 4 4 4 4 1 E 5	DATE	4/15/	106
Z±ž <b>‰</b>	3877		SIGNATURE,	W ()		14		M.DASS.	ISLAIIL	MEDICAL E	XAMINEK	SIGNED	) 4/13/	.00
ST. A.	Z Z	-0	EXAMINER'S	NAME		***	11 14 5			111 -	0:			
OAGE	AFTER DEATH, WITH BALTIMORE, MARYL		(TYPE OR PRI		rgarita A		11, M.D.	ADDRESS_			enn St.			
<b>FD2F</b>	A W	23e. Bl	JRIAL, CREMA	TION, REMOVAL		- 10		RY OR CREMATO	ORY	23d. LOCATIO	N	COUNT		TATE
07/84 BP			Burial		4/16/86	Oak	Lawn Co		4	1		timore		d.
25M DHMH -	17		JNERAL DIREC		ADDRES	ss					TRAR 25b. RE			200
(VR A15 M		3.	Dabro	wski & S	on 2818 E	. Balt	imore S		APR	15 19	30 A ~~	Thursday	n-Handel	Officer Co.
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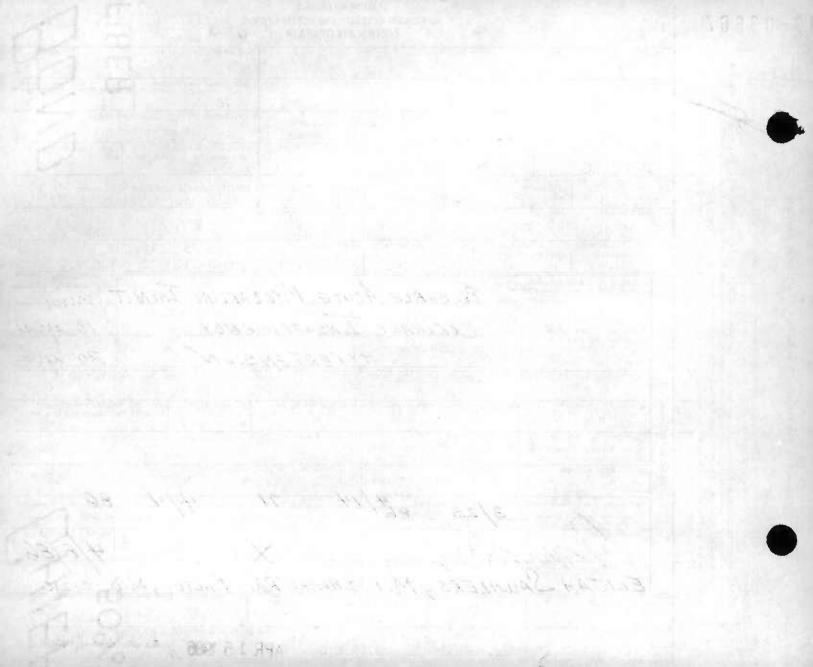
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0 - 0	3667	1-	FOR STATE REGISTRAR		DEP		EALTH AND MI		8 0	, NO.	J	1 4
			CEASED NAME FIRST		MIDDLE	1	AST		20. DATE OF DEATH		YEAR	2b. HOUR
	e e e	( TYPE	OR PRINT) HATTIE		0.	NI	EVERDON			4 04	86	M
1	pog er de	3. SEX		4. RACE		5. DATE C	F BIRTH		6. AGE (INYEARS LAS	T BIRTHDAY) IF	UNDER TYEAR	IF UNDER 24 HRS
	1 1		FEMALE		BLACK	nonte 1	20 1	908	78	YRS.	NTHS DAYS	HOURS MIN.
-	50 D-		RTHPLACE (STATE OR FOREIGN	76 CITIZEN O	F WHAT COUN	TRY? 8.	NEVER MA	ADDIED [	9. BALTIMORE CIT	Y OR COUNTY C	FDEATH	
*	1 15 15		/IRGINIA	U.	S. A.	WIDOWE		ORCED	BALTIMO	ORE CITY		MD.
	with the control of t	10. CI	TY OR TOWN OF DEATH		HOSPITAL, NU		R OTHER INSTIT	IUTION	120 USUAL OCCUP		12b. KIND C	OF BUSINESS OR
-0	s off		BALTIMORE	PROVID	ENT HOS	PITAL			HOMEMAKER		II IDOUNKI	HOME
BALTIMORE, MARYLAND 2120	d in		AL RESIDENCE (IF NURSING HOME ITATE 13b. COL	OR OTHER INSTITUTIO	N. GIVE RESIDENCE		13d. INSIDE CIT	Y LIMITS?	13e STREET ADDRES	SS / ZIP CODE	103 Ce	dardale Rd
AND	tiffe 22	M/	ARYLAND		BALTIM			NO 🗌	Baltimore	, Maryla	and 2	1215
RYL	12 st	14. FA	THER'S NAME	MIDDLE	LAST		15 MOTHER'S	MAIDEN NAM	E MIDDL	E	LAS	ST
×	P 20 8		UNKNOWN	100	OLIVE		MAR	RTHA			JONI	ES
ORE,	and co		VAS DECEASED EVER IN U.S. A	ARMED FORCES?	166 SOCIAL	SECURITY NO.	17. INFORMAN			PREEDARDA		_
I W	Po a		NO.		216-10	-2953	JAMES R	R. NEVE	RDON BALT	IMORE, M		ND 21215
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	blow requires that the death certifing of seen signed by the attending ploemit. Then please remove carbang a prior to burial, cremation, ar remove any injury, at other traumatic every	CERTIFICATION	Conditions, if any, which gove rise to immediate couse (o), storing the underlying couse lost.  PART 2 OTHER SIGNIFICANT	DUE TO, (c)	OR AS A CONS	EQUENCE OF EQUENCE OF TO DEATH BUT	INSU	CFFICI CTEN	200 AUTOPSY?	ONDITION GIVEN  20b. IF YES, IN CERTIFYI	20 NIN PART 111 WERE FINDING CAUSES	OF DEATH?
TAL	The property of the property o	E	21g. ACCIDENT WAS UNDERLYING	216 TIME	OF INJURY		21r HOW IN II	IRY OCCUPPE	YES NO			NO []
A >	phys rifico ol Hy ol Hy		OR CONTRIBUTING CAUSE OF D	BEATH HOUR	A.M. MONTH	DAY YEAR		on occount	TO TENTER WATORE OF	INDUSTRACION TO STAN	TORTALI E	
N N	HYSICIA ding ph dis certification was certificated buriol-transfer or them 1	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED		P.M. E OF INJURY	19	211 LOCATION	V				
VISIO	the late ond	ME	WHILE NOT WHILE AT WORK	(AT HOME, S	STREET, FACTORY, OF	FICE, FARM, ETC.)	STREET		CITY C	RTOWN	COUNTY	STATE
ā	Afte os of the mort		220.1 certify that (I) (this has	pital) attended	the deceased fi	om_ 4/	14	19 7/	to4	4/4	86	that (1) (we) last
100	ortal TOR for u		saw the deceased alive a above, (1) (we) (did) (did)	3/	25	01.1	nd that in (my) (a	our) opinion d	eath occurred on th	date and hour o	nd from the	couses stated
	HOSPITAL OR AT ined by the hosp the hosp the hosp the hosp the hosp that the hosp that the state Dept.		22b. SIGNA THE	and	and the second		DEGREE AT Pt 22e. ADDRESS	TENDING	MEDICAL DIRECTOR PH	STAFF YSICIAN []	22c. DATE	8/86
	O HOSPITAL TO FUNERAL Should be de with the Stati		FISTAN.	SALLALA	FOS	MA	2. HAM	WI RI	. BALT	0. M.	7	1710
	should with the IMPO	23o. E	URIAL, CREMATION, REMOVA	AL 23b. DATE	EKJ	23c NAME OF C	EMETERY OR CR	REMATORY	23d LOCATION	27.7	0, 2,	
	BP		ENTOMBMENT		1986		MEMOR IA		CITY OF TOWI	BALTIMO	RE MA	RYLAND
		24 F	HUTA ERECKISONS I				,		REC'D. BY REGISTE	RAR 256. REGISTR	AR'S SIGNAL	LURE
	OHMH - 16 50M 4/83 (VRA 15, 4)		DI GWYNNS FALL				21216	APR		from Da	ndoon-0	andell



BP.

DHMH - 16 60M 7. (VRA 15, 4)

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	1/			STATE	OF MARYLA	ND			1	1
	/1.	FOR STATE		DEPARTMENT OF H			ENE 2 6	1 0		J
		REGISTRAR		CERTIF	CATE OF D	EATH	REG. NO.			
1		CEASED NAME FIRST	MIDDLE	, U	AST	9 9	20. DATE OF DEATH MONTH	DAY YEAR	26 HOL	JR a
1	4	Dorothy		Newkirk	2 1911		4125 146		DIK	PM
1	3. SEX	7	4. RACE	5. DATE O	F 8 RTH	-	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEA	R IF UNDER	R 21 HRS
	_		12	MONTH	DAY	YEAR	Gr	MONTHS DAT	S HOURS	MIN.
	Million	emale,	Black	S	18			RS.		
74	10/04	RTHPLACE ISTAILURADISON	76. CITIZEN OF WHAT CO		NEVER M	ARRIED	9. BALTIMORE CITY OR COL	JNTY OF DEATH		
-	LIC	Salt- Ma	451	WIDOWE	DIX DIV	ORCED []	an	7		MD.
18	340	TY OR TOWN OF DEATH	11. NAME OF HOSPITA (IF NOT IN SUCHFEAGILITY		R OTHER INSTI	TUTION	120 USUAL OCCUPATION	ING LIFE) INDUSTR	OF BUSINI	ESS OR
3X	112	Julio	( Not in social in )	JULKSIT	Y		TANE AND	ING LIFE) INDUSTR	1	
	UsU	AL RESIDENCE (IF NURSING HOME OR		ENCE BEFORE ADMISSION)			00000	-	7)1	1
5	13e.5	13b COUN	130.21	PR TOWN ADDE	136 INSIDE CIT	NO 🗆	13. STREET ADDRESS / ZIP	CODE /	7251	0
and the	10 7.0	ATHER'S NAME		TCI (VIOIU)	4	MAIDEN NAM	5310 000	muy w.	)(	-
3	13.3.0		MIDDLE	LAST		IRST	A AMINDLE	The second secon	LAST	
Xid		<u>Llewell</u> yn 🦠		Coe	Frar			Hollan	ıd	
1		VAS DECEASED EVER IN U.S. ARI	MED FORCES? 166 SOC	CIAL SECURITY NO.	17 INFORMAN	NT	ADDRESS		1 4	11
		MIN	121	7-70-7274	FL.	OKH	WILLIAMS	3214 W	Estivo	men
		18 CAUSE OF DEATH (Enter an	ly ane cause per line far (	a), (b), and ic)				APPRO BETWEE	DXIMATE INTE	RVAL
		PART I. DEATH WAS CAUSE	D BY:	adional for	Maria	- A	rust	i	mi	
		IMMEDIAI		<u> </u>			7		1	
		C Tri V	DUE TO, OR AS A	ONSEQUENCE OF	11/	111			News	1
		Canditions, if any, which gave rise to immediate	(b)	DANIE	WOW	- 140	morning		Wall.	d-
		cause (a), stating the underlying cause last.	DUE TO, OR AS AC	ONSEQUENCE OF	1	1.	CT ha	0	· Vin	2
		onderlying coose last.	(10) [9]	mone	4rd	erre	guille.	7	au	XT
	7	PART 2 OTHER SIGNIFICANT	ONDITIONS CONTRIBU	TING TO DEATH BUT	NOT RELATED	TO THE TERMI	YAL DISEASE OR CONDITION	GIVEN IN PART	lia	
	ō	Allo	red mil	arend Ce	-nonal	aprill	N			
1	S	190 DATE OF OPERATION	196 CONDITION FO	R WHICH OPERATION	WAS PERFOR	MED		IF YES, WERE FINE ERTIFYING CAUSI		
6	E	IVIA	THE REAL PROPERTY.	NIH			YES TI NOT	YES T	NO [	7
1	CERTIFICATION	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJ	URY OCCURRE	D (ENTER NATURE OF MURY IN ITE	M IB PART I OR PART 2		
af		OR CONTRIBUTING CAUSE OF DEA		NTH DAY	The state of	NIA				
	MEDICAL	THE IN JURY OCCURRED	THE PLACE OF BUILD	10/1-410	211 LOCATIO	NUVII				
	ME	Affect CT Appropriate CT	INT HOME STREET, FALTO		STREET	11/1	CITY OR 10WH	COUNTY		STATE
		AT WORK - AT WORK -	/ }	17/1	1)	14/21	6/25	01		
		220.1 certify that (I) (this hospit	1,116	(///	4	10 30		19-00	, that (1) (	
		obave, (1) (wendid) (did nat		oth. 19, on	d that in (my) (	aur) apınıan de	eath accurred an the date and	I hour and fram th	ne causes st	oted
		226. SIGNATURE	10//	(	DEGREE			22c. DA	TE SIGNED	1):
		Myrei	1 Done	strman		TENDING HYSICIAN	MEDICAL STAFF	1 4	125/6	16
		22d. PHYSICIAN'S NAME (TYPE OF	R PRINT)		22e ADDRESS		0			4
		IR BURGE	BRMAN		7-	5-1	mark We S	1 21	721	
	23a 8	BURIAL, CREMATION, REMOVAL	123b DATE	23c. NAME OF CE	METERY OP C	PEMATORY	123d LOCATION	6-10		
	1	SPECIFY)			-	LMATORT	Balto.,	COUNTY	Md.	STATE
	24 51	Bungar Birector	4/30/86		g Cem	[25. D. **		C. ICTO S CANDES	A STORE	
/84	74 PL	NAME		ADDRESS	1207	APR.	2 9 1986 RAR 256, RE	GISTRAMS STON	ATURE	
134		Leroy O. Dye	tt 4600 L	ib. Hghts	s. Ave	7311	20100-0			

ANTINE CHESTER TOWNS MD COTT SALEDET X ASSISTANCES Style-Till FLORA LITERARY STIFF HATERIAN Cidentermy Kust British Western Henry Strate Marsiste Tember Stutte Winder wheat Grandentty 22 > Great St 21201

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR 20 DATE OF DEATH 2b. HOUR DECEASED NAME TYPE OR PRINT! **GENERAL** NEWKIRK APRIL 3, 1986 8:30 p M S. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER 24 HRS 4 RACE 3 SEX DAY YEAR Male Black 12 1912 73 YRS BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OF FOREIGN MARRIED NEVER MARRIED Baltimore City North Carolina DIVORCED | WIDOWED U.S.A. 12b. KIND OF BUSINESS OR WCITY OR TOWN OF DEATH 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS Baltimore Maryland General Hospital Retired Construction USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130 STATE
1136 COLINITY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 1705 N. Pauson St. Maruland Baltimore YES. 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE LAST MIDDLE Joshua Newkirk Louise ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) No 245-10-0612 Dorothy Newkirk 1705 N. Pauson St. APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY Multiple System Organ Failure DUE TO, OR AS A CONSEQUENCE OF 2 MONTHS Sepsis Canditians, if any, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF Squamous Cell Carcinoma of Esophagus underlying cause last. 3 MONTHS PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to Chronic Obstructive Lung Disease 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 90 DATE OF OPERATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? DISTAL ESOPHAGECTOMY. February 3. NOF 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21f LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OF TOWN COUNTY STATE (AT HOME STREET FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that XI (this haspital) attended the deceased from LEBRUAR' saw the deceased alive on APRIL 3 abave X (we) (did (did X t) new the bady of 86 and that in (n) (aur) apinian death accurred an the date and haur and from the causes stated DEGREE 17 CDATE SIGNED 22b SIGNATURE MEDICAL STAFF ATTENDING DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME INTO COM 22e ADDRESS

DHMH - 16 60M 7/B4 (VRA 15, 4)

Burial 4-8-86

23b DATE

13. BUFF REMATION, REMOVAL

23c NAME OF CEMETERY OR CREMATORY

Mount Auburn Cemeteru

23d LOCATION

DC/O MARYLAND GENERAL HOSPITAL

eterul Baltimore Maryland 25a daterec'd. By registrar 25b. registrar a signature 24 FUNERAL DIRECTOR Bailey-Douglass Funeral Home 1348 N. Calhoun St.

DAT RICK

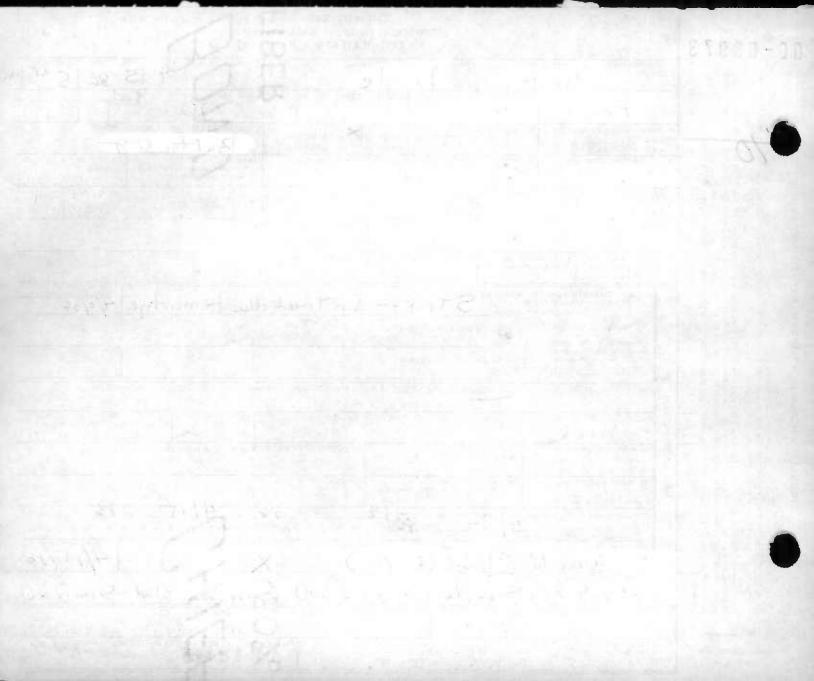
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		- 10	No.	3	24
	1		U	1	14
REG. NO.					

	FOR STATE REGISTRAR	DEPARTM	MENT OF HEALTH AND MENTAL HY  CERTIFICATE OF DEATH	GIENE 6 REG. NO.	1 1 0 1 5
	1. DECEASED NAMF FIRST (TYPE OR PRINT)  DOROTHY	MIDDLE EADEN	NOBLE		TIS 86 S25 pm
	3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHE	
	FEMALE	BLACK \	MONTH 23 1915	70	YRS. DAYS HOURS MIN,
5	WEST VIRGINIA	76. CITIZEN OF WHAP SOUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR	
	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	IG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	
1	BALTIMORE  USUAL RESIDENCE (IF NURSING HOME OF	PROVIDENT HOSE	PITAL	GOVERNMENT	EMP. SOC. SEC. ADM.
5	13a STATE MARYLAND		'N 13d. INSIDE CITY LIMITS?	BALTIMORE,	MARYLAND 21216
1	14 FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN N	AME	LAST
	JOSEPH	EADEN	ROSA		MILLER
	160. WAS DECEASED EVER IN U.S. AF	RMED FORCES? WE WAR OR DATES)  166 SOCIAL SECUR  225-01-8	- CAIM	3901 <sup>ES</sup> INGTON BALTIN	GROVELAND AVENUE MORE, MARYLAND 21215
2				20a AUTOPSY?	TION GIVEN IN PART I (a)  200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
	More		Land Broken	YES NO	YES NO
	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DE  (IF EITHER, NOTIFY MEDICAL EXAMINE  21d. INJURY OCCURRED  WHILE NOT WHILE  AT WORK	ATH HOUR A.M. MONTH DA P. M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	19 211 LOCATION	RRED (ENTER NATURE OF INJURY	N COUNTY STATE
Contract of the Contract of th	saw the deceased alive ar above (I) (we) (did) (did no ?2K SIGNATURE	at) view the body after death.	DEGREE	MEDICAL STAFF	e and hour and from the causes stated  22c. DATE SIGNED
3	Louis N	· Fundall r	no 2300 (	Marrisun F	31 vd. Kuom 220
	23a. BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
	BURTAL		REST HILL CEMETERY	LYNCHBURG,	VIRGINIA
	24 NUTTER & SONS FL	UNERAL HOME, INC.	25a. DA	DD . 4 O 400C	REGISTRAR'S SIGNATURE

2501 GWYNNS FALLS PKWY. BALTIMORE, MD. 21216

DHMH - 16 50M 4/83 (VRA 15, 4)



Gary L. Kaufman 5695 Main St., Elkridge, Md. 21227

FOR

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84

(VRA 15, 4)

- STATE

BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY 13e.STREET ADDRESS / ZIP CODE 1946 Sponson St., 21230 Suback ADDRESSITIMOTE, Md. 21230 Mrs. Beatrice N. Miller 1946 Sponson St. 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [] 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED DIRECTOR PHYSICIAN L COUNTY burial 4/11/86 Loudon Park Cemetery Maryland

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

2h HOUR

IF UNDER 1 YEAR

7:05am

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n € 4		EASED NAME PO	I A MADON	LAST	REG. NO.  20. DATE OF DEATH MONT	H DAY YEAR 26 HOUR 5
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	Pru. Bi	ARYLAND	76 CITIZEN OF WHAT COUNT	MARRIED   NEVER MARRIED	9. BALTIMORE CITY OR CO	NE C.T.
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he low r ion. hos bee	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WH	ICH OPERATION WAS PERFORMED	20a AUTOPSY? Job	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?  YES NO
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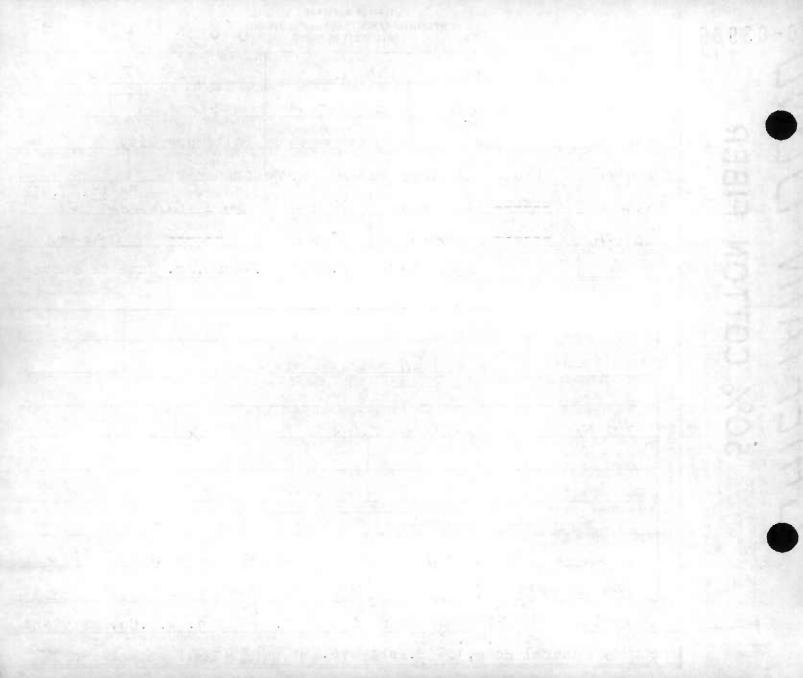
24 FUNERAL DIRECTOR

JOSEPH LA ROS 2732 W. NORTH AUG

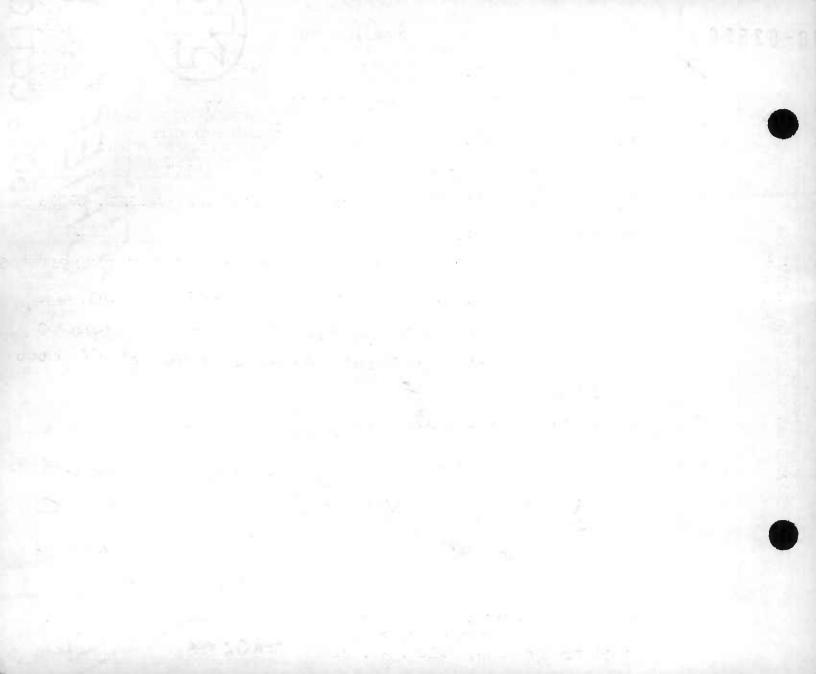
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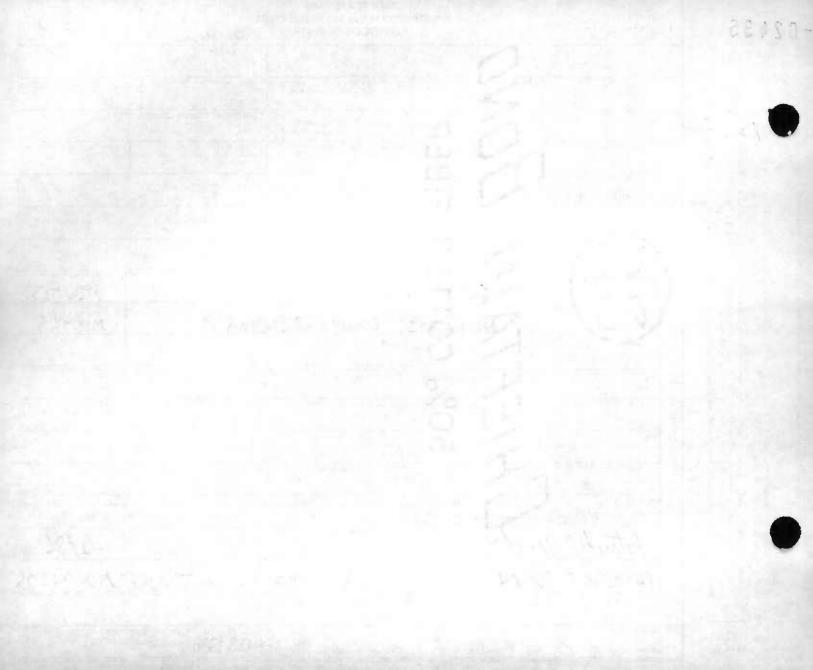
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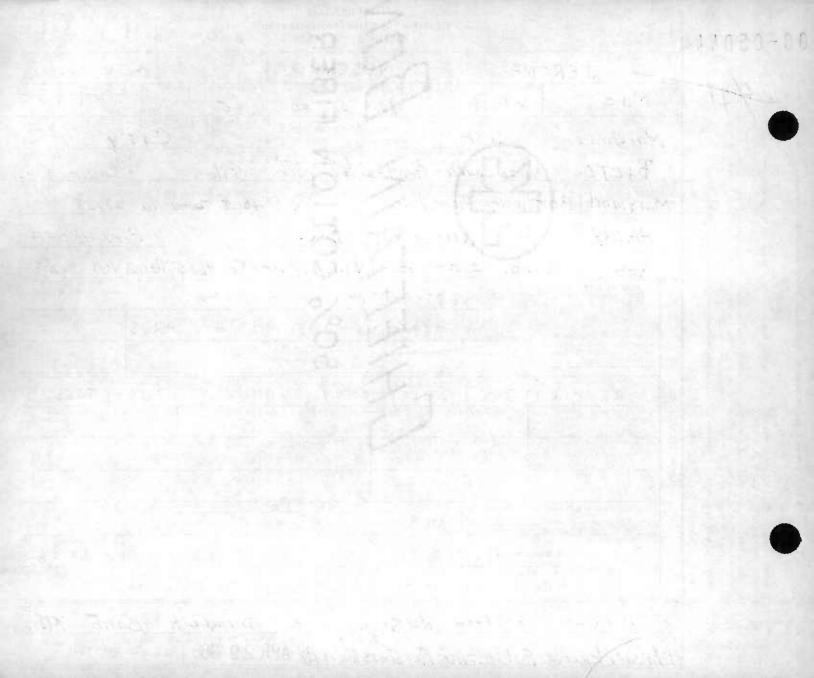


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Fille fille mys		MD.	-		BALTIMO		YES NO	3334 BR	ENDAN	AVE.	21213
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		saw the decapse	d alive on	4/	2	86.0	nd that in (my lour) apinion	death accurred on the	date and hour	and from the	
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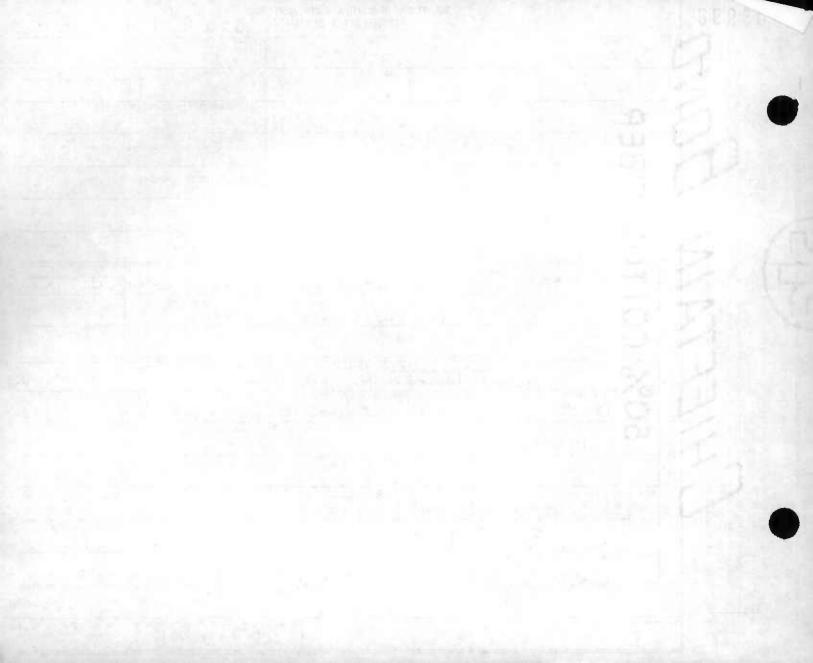




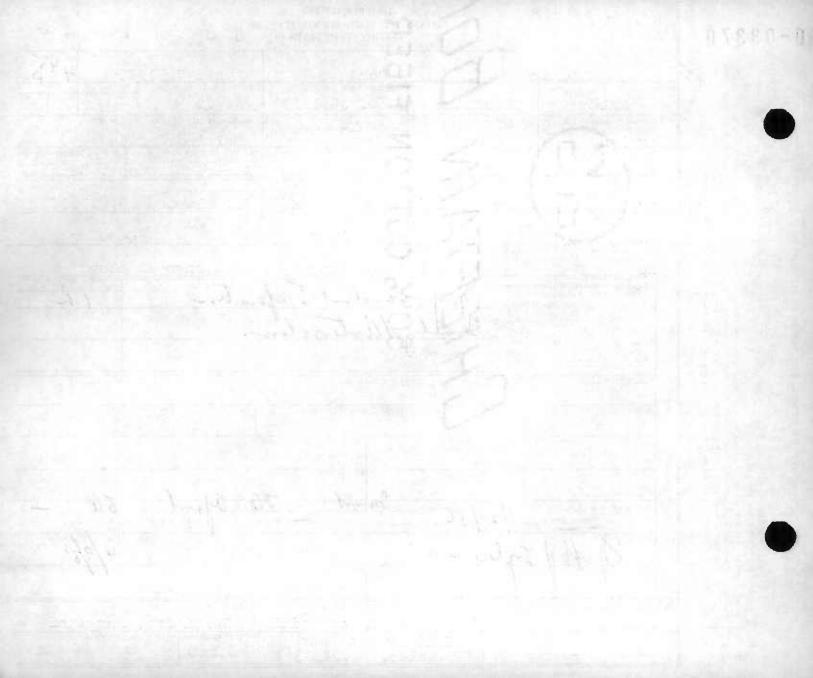
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ATTEND	d for old		saw the deceased alive an abave, (1) (we) (did) (did no	tal) attended the deceased fram.  4 2 3 19  1) view the body after death.	\$6 , and that in (my) (sur) opinion			
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O HOSPI troined b	MPORTAN			WYALIT, M.	)	28 md Ch	arles St.	
BP_		13	SPECIFY) BURIAL	112 1	name of cemetery or crematory or Kmen's Circle	Dundal	K Batto	MD,
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							OF MARYLAND					
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S S	100		Baltimore	3817	Bowers	Ave.			Unemploye	ed		
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BALTIMORE, ate be execu-	Poges			ARMED FORCES?  GIVE WAR OR DATES)	166 SOCIALS		17 INFORMANT		ADDRESS			
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	S or	F 7	1-13-86	148 COND	ITION FOR WH	1	0.0			IN CERTIFYING	CAUSES	OF DEATH?
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Physical Infection	oltho 18	1	OR CONTRIBUTING CAUSE OF		M. MONTH		THE COURT WAS DR	. OCCORNE	TENTER NATURE OF INDUSTRY	IN TEM TO PART I	OR PART 21	
DIVISION OF VITAL ING PHYSICIAN: The r aftending physiciar free this certificate h	Ment or Her	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINATION OF THE PROPERTY OF THE P	P. 21e PLACE	1 Am.	19	211 LOCATION					
/ISIC	the to ond	ME	WHILE NOLWAUE		REET FACTORY OFF	CE, FARM ETC )	STREET		CITY OR TOWN		COUNTY	STATE
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the the	÷ 0		110	74.4	X.	(	ATTE	NDING SICIAN   1	MEDICAL STAFF		- 11	1./41
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	by the fur	14	IO, CIT	YORTOWN OF DEATH	11. NAME OF H	OSPITAL, NURSIN	AODRESS)	HOSPITAL	120 USUAL OCCUPATION OF WORK FOR MOST OF Electrica	ON 1 F WORKING LIFE	2b. KIND OF	Steel eth
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m,	5 01/4	6	6as W	AS DECEASED EVER IN U.S. AR		166 SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDRE	SS		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	n and page	1	, _	S NO OR UNKNOWN) (IF YES GIV	E WAR OR DATES)	214-01-	-5314	Dolores V.	Ochs, sam	e as a		
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20	th ce nding corb , or r				DUE TO, OF	AS A CONSEQUI	ENCE OF	1-11				
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× ×	y the e rem cremi			couse (a), stating the underlying couse last.	DUE TO, OI	R AS A CONSEOU	ENCE OF			4. 1		
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08,3	op Ser op	1	z l	PART 2 OTHER SIGNIFICANT C	ONDITIONS <u>CC</u>	DULKIROLING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN	IN PART II	,
Ö	been been prior any ir	1	CERTIFICATION	90 DATE OF OPERATION	19b. CONDI	TION FOR WHICH	OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W	ERE FINDIN	NGS USED
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	O HOSPITAL OR ATTEN etained by the haspital TO FUNERAL DIRECTOR. should be detached for u with the State Dept. of He MADORTANT: If them 21 is			22b. SIGNATORE	10	1.4	4	DEGREE ATTENDING	MEDICAL STAF	e F	22c. DATE	SIGNED
	RAL D detact fate D NT. If			XI VIVI	P Dun	, Mar n		PHYSICIAN [	DIRECTOR   PHYSIC		4/4	8
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	etain TO F Shoul	$\vdash$		Dr. Robert		den			den Ring F	≀d,		
			23a. B	URIAL, CREMATION, REMOVAL				METERY OR CREMATORY	23d LOCATION CITY OR TOWN		DUNTY	STATE
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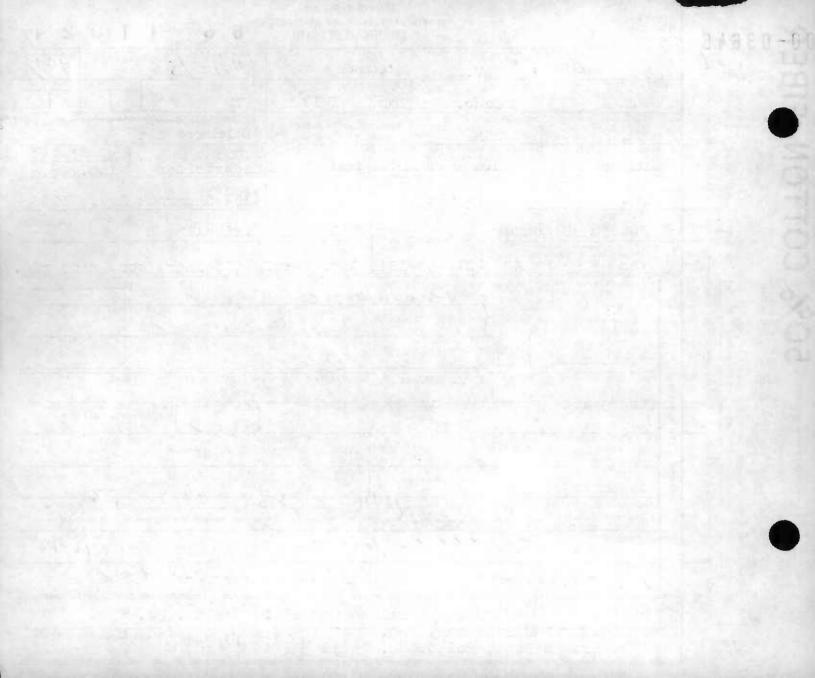


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3331 Brehms Lane, Balto., Md. 21213

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DHMH - 16 60M 7/84 (VRA 15, 4)



					STATE OF MARYLAND			
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	me //		CEASED NAME FIRST	MIDDLE	LAST		MONTH DAY YEAR	2b HOUR
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m m	after o	3. SE		4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRT	MONTHS DAY	
age 4	ecto Jrs a	F€	male	Cauc.	10/26/17 YEAR	68	YRS.	
P. P.	Po di	7a. Bl	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEATH	The Designation of the
Peat	of g	Mo		USA	WIDOWED DIVORCED	Baltin	more City	MD.
o1 s after o	by the fu		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET, 4334 Shamro	ADDRESS) AVE. 21206	120 USUAL OCCUPATION OF Secretar	FWORKING LIFE) INDUSTR	Mings or Agency
ND 212	filled in bould be fi	13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 13b. COUN Id. —	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 13t. CITY OR TOW Balto	N 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS /	ZIP CODE	e. 21206
AARYLA d within	and 2 sh		THER'S NAME George Becker	MIDDLE LAST	15 MOTHER'S MAIDEN NA Ella Nora	ME		LAST
RE, N	2	_	VAS DECEASED EVER IN U.S. AR			ADDRE	SS	
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ottending physician.	d by the attending lease remave corb ial, crematian, or r ar other traumatic		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)				
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AL RECO	has been it permit. Iene prior	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?  YES NO	20b. IF YES, WERE FINE IN CERTIFYING CAUS YES	
SION OF VIT. PHYSICIAN: 1 ending physic	certificate prial-tronsit tentol Hygi Item 18 sh		210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	21r. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2	i)
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R ATTENDIT	ar us			ital) attended the deceased from 19 of	, and that in (my) (our) apinion	death occurred on the de	te and hour and from the	he couses stated
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O HOSPITA etained by	should be deta with the State IMPORTANT:		22d. PHYSICIAN'S NAME (TYPE O	M. Hahn	Stor Lock	Reven	Blud 212	137
BP.	+ 5 5 ≤	E	URIAL, CREMATION, REMOVAL UTIAL	4/15/86	AME OF CEMETERY OR CREMATORY Moreland Memori			STATE
DHMH	- 16 60M 7/B4	24.	MARE Fun	eral Home, Inc	250. DA	TE REC'D. BY REGISTRAR		
	(RA 15, 4)	3	331 Brehms L	ane. Balto Mo	7 21213	APR 15 1988	יישיאיין מסיי	4 - Marketin

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	STATE OF MARYLAND  FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE								
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de 90 00 00 00 00 00 00 00 00 00 00 00 00		(RAYMO		OLIVIS	4	7 86 8:00 PM			
ge 4 meetor. p	3. SE	× M	1. RACE BLACK	5. DATE OF BIRTH  MONTH  DAY  YEAR  23  31	6. AGE (IN YEARS LAST BIRTHDAY)  55  YRS	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.			
no 72 hau		IRTHPLACE (STATE OR FOREIGN COUNTRY)	16 CITIZEN OF WHAT COUNTRY	? 8 MARRIED □ NEVER MARRIED □ WIDOWED ☑ DIVORCED □	9 BALTIMORE CITY OR COUNT BALTIMORE CITY	Y OF DEATH			
rs offer d by the fu filed with	10 C	BALTMORE_	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE LOCH RAND)	TADDRESS)  TADDRESS)  TADDRESS)  TADDRESS	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING I) DISabled	12b, KIND OF BUSINESS OR			
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R ATTENDIN hospital or RECTOR. Af ted for use o spt. of Health		220 I certify that (I) (this hospi	tal) ottended the deceosed from 4 -7 19 11 view the body after death.	\$6, and that in (my) (our) opinion	deoth occurred on the date and ha	ur and from the causes stated			
		22b. SIGNATURE AF W	Toulton, Me	DEGREE ATTENDING PHYSICIAN [	MEDICAL STAFF  DIRECTOR PHYSICIAN	221 DATE SIGNED 4-7-86			
TO HOSPITAL O retained by the TO FUNERAL DI should be defact with the State De MORTANT. If H		D.F. MOULT		22e ADDRESS LOCH NA					
BP		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		name of cemetery or crematory arrison Forest Vet	Owings Mil				
DHMH - 16 60M 7/B4 (VRA 15, 4)		lliam C. March	F/H West 4300 W	abash Avenue	PR 0 9 1986	Landon Randon			

-03574	1.	FOR - STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 6 REG. NO.						
		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR			
	{TYP	James James	W.	Olsen	4 1	2 86 6:45 Pm			
E C	3. SE	X	4 RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.			
ctor s of	In	Nale	White	MONTH DAY	YEAR 69 YRS	MIN.			
2 12 9 6	a B	IRTHPLACE STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MAR	9 BALTIMORE CITY OR COUNT	Y OF DEATH			
the state of the s	1	COUNTRY) NEW YORK	I U.A	WIDOWED DIVOR	_	e City MD			
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sicio persol. ol.			nly one couse per line far (a), (b), a	nd (c).		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
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that the d by the ease re- ol, crem		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEOU	U/CASS	orgically resected	12 weeks			
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iclar errifu iol-tr ntoll		OR CONTRIBUTING CAUSE OF DEA		AY TEAR					
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		BURIAL, CREMATION, REMOVAL (SPECIFY)		NAME OF CEMETERY OR CRE	CITY OR TOWN	COUNTY STATE			
BP	-	Cremation	Apr.15, 1986	Westview Memo		Md.			
DHMH - 16 60M 7/84	24. F	UNERAL DIRECTOR	ADDRESS		256 DATE REC'D. BY REGISTRAR 256 REGIS				
(VRA 15, 4)		Leonard J. Ruck	Inc. Baltimore,	Maryland	100 1 5 1086 gruha	Davidson-Randelle 1			

Apr. 15, 1985 Season moving that theory Till Leonord d. Buck Toc. Haltimore, daryland ... See or 986 di

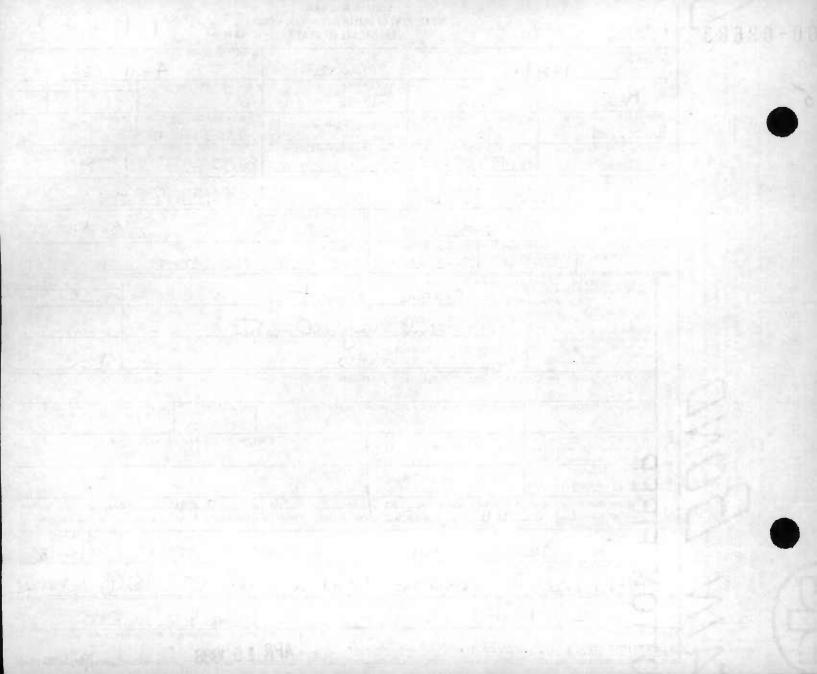
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m.c		CEASED NAME FIRST		MIDDLE		AST	20. DATE OF DEATH		DAY YEAR	26. HOUR
oge 3		ANN				LUP	April		1986	1: 30pm
for, po	3. SEX	female	4. RACE wh	ite	5. DATE C	DAY YEAR	6. AGE (IN YEARS LAST E		MONTHS DAYS	
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100		ty or town of death  Brooklyn	(IF NOT IN SUC	HOSPITAL, NURSIN THE FACILITY, GIVE STREET Seventh	ADDRESS)	(21225)	120. USUAL OCCUPA (TYPE OF WORK FOR MOS' Housewif	OF WORKING L	IFE) INDUSTRY	of Business or e Maker
The state of the s	130. 5	AL RESIDENCE (IF NURSING HUMANITATE)	OTHER INSTITUTION	GIVE RESIDENCE BEFORE 134. CITY OR TOW Brookl	N	13d INSIDE CITY LIMITS? YES 📉 NO 🗌	134 STREET ADDRESS	vent	h St.	(21225)
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rs. Pages 1		(AS DECEASED EVER IN U.S. AF ES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? VE WAR OR DATES)	166. SOCIAL SECU 219-54-		Victor Schm		RESS ew Cut	Road R	1144 Severn Md
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etoined by the hospital or of EUVERAL DIRECTOR. Aft thould be detoched for use or with the State Dept. of Health MPORTANT: If Item 21 is mor		sow the deceased live or obove, (I) (ye) (aid) (did at 22b. SIGNATURE	11/1	4 19		nd that in (my) four Spinion DEGREE ATTENDING PHYSICIAN		ΔFF		
etoined by TO FUNER should be with the Sit		George To	cler 14	.D.		600 Light	St. Balt	Md	21230	
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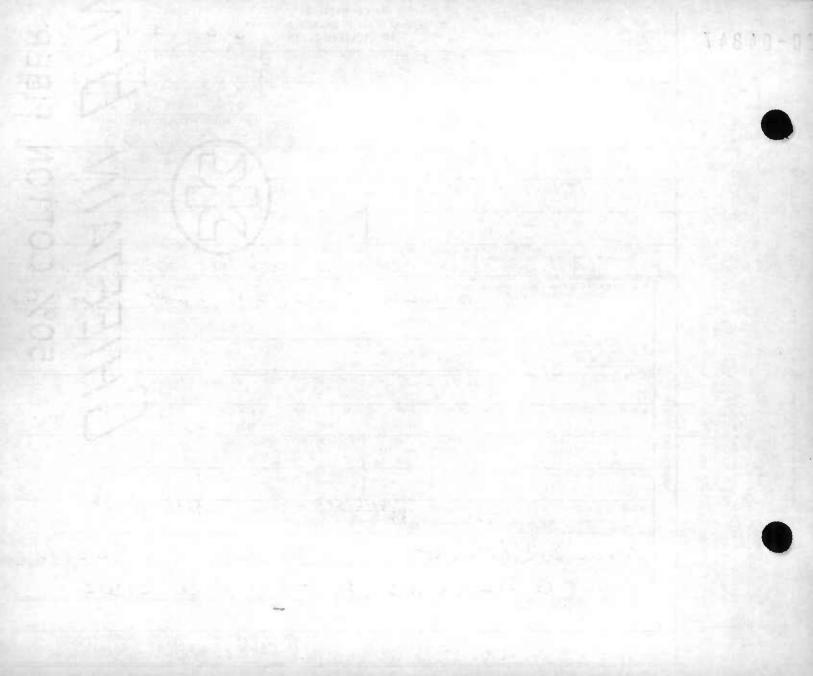
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(VRA 15, 4)



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(VRA 15, 4)



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be exe an ond rs. Page		YES, NO OR UNKNOWN) (IF YES, GIVE V	WAR OR DATES) 215-64	1-8074 Rugen	B. Patel :	3100 St. Pa
201 W. PRESTON ST., BA es that the death certificate ed by the attending physic please remove carbonpap urol, cremation, or removal		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE  Conditions, if only, which gove rise to immediate couse (a), stating the underlying couse lost.	CAUSE (a) BIVENT	RICULAR FAILL ENCE OF Emethals Poe ENCE OF		BETWE
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OR ATTENE te hospital DIRECTOR: sched for uss Dept. of Hee		sow the deceased alive on obove, (I) (we) (did) (did not) 22b. SIGNATURE	yiew the body ofter death.	, and that in (my) (our) opin	nion deoth occurred on the	dote and hour and from t
O HOSPITAL etoined by the TO FUNERAL should be detained by the Store with the Store		22d. PHYSICIAN'S NAME (TYPEORF LOKES WAR	ARAO, EDAI		SAMARI	
2 € € 2 3 ₹	23a	BURIAL CREMATION REMOVAL	23b DATE 23c	NAME OF CEMETERY OR CREMATO	RY 23d LOCATION	

- STATE

DHMH - 16 60M 7/84

(VRA 15, 4)

REGISTRAR

DECEASED NAME

ORE CITY WORKING LIFE) INDUSTRY ZIP CODE 21234 · Circle Patel 00 St. Paul St. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH TION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO T IN ITEM 18 PART 1 OR PART 21 COUNTY STATE 86 that (I) (we) last e and hour and from the couses stated 22c. DATE SIGNED AN HOSPITAL STATE Westview mem. Pr. Cremation Catonsville mo 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE 1101 E. North Ave. Wm. C. march F/H

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

2b. HOUR

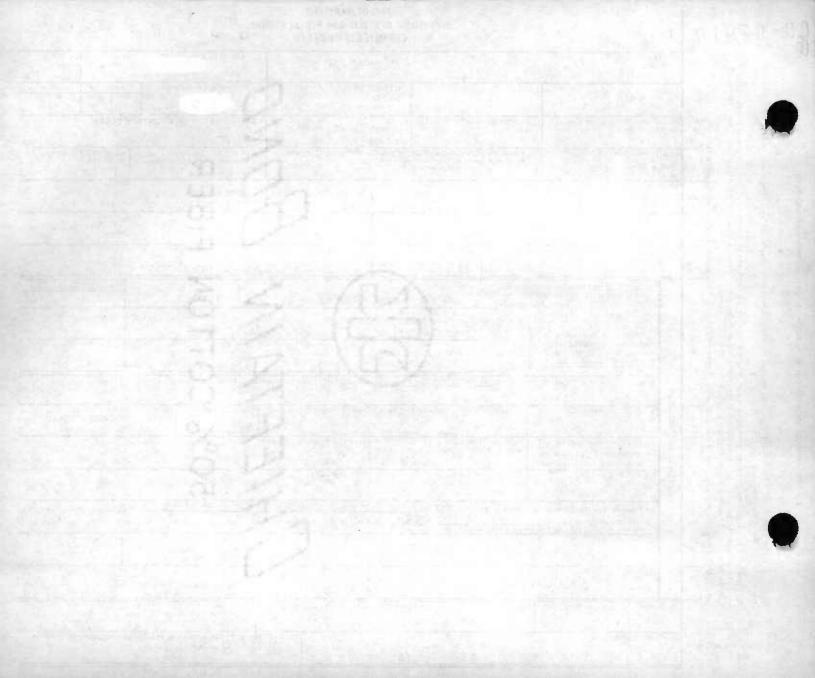
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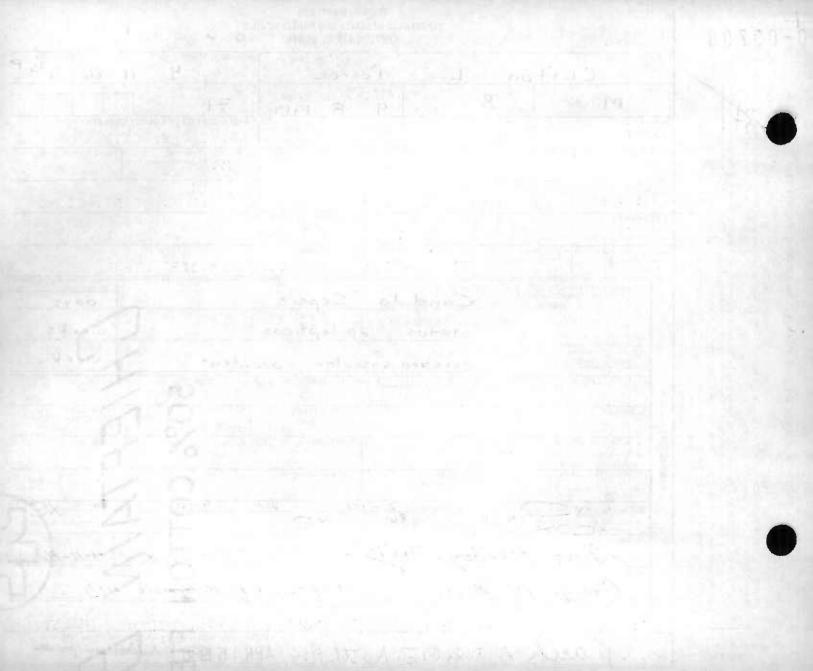
20. DATE OF DEATH MONTH

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	0 4 000			22d PHYSICIAN'S NAM	Δ	Henry	-		DEGREE  ATTENDI PHYSICI  220 ADDRESS	IAN DI	MEDICAL STAF	IAN	22c. DATE	13/87 ·
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REC	nos be	CERTIFICATION	19a. DATE OF OPERATION	198 CONDI	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b. IF YES, IN CERTIFY YES NOT YES	WERE FINDINGS USED ING CAUSES OF DEATH?
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	OR he		22b. SIGNATURE	7	, –	1	DEGREE	MEDICAL CTAFF	22c. DATE SIGNED
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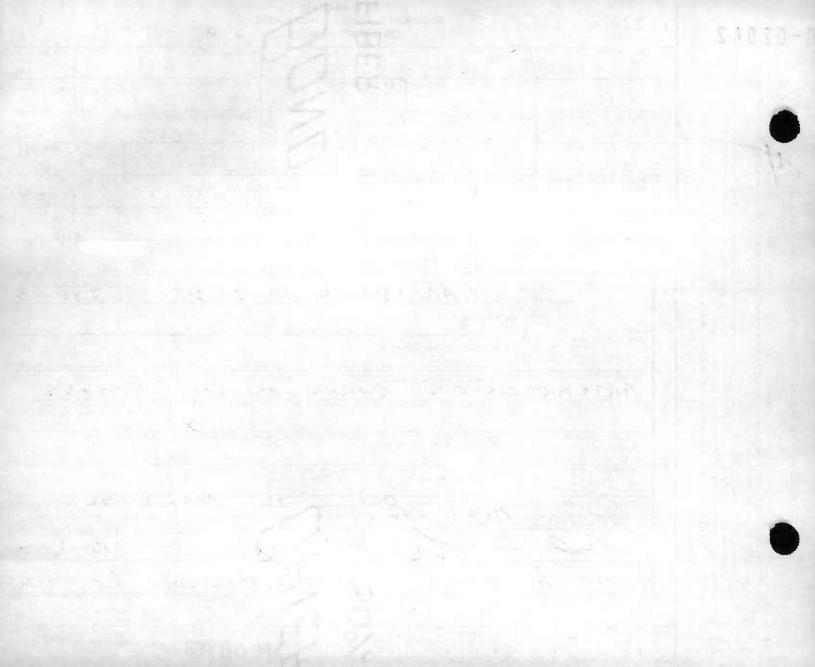


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	TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNEAL DIRECTOR: PAFTER DEATH, WITH THE STABLINORE, MARYLAND, 2	230	BURIAL, CREMA	TION, REMOVAL 2	3h DATE					R CREMAT		23d, LOC	ATION			WE LITY	AA J ST	A YE
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	THE MENT OF		Sharland, Jebler

0-02842	FOR STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 6 REG. NO.	0 4 4
	I. DECEASED NAME FIRST	WIDDIE	LAST	20. DATE OF DEATH MONTH DA	Y YEAR 26 HOUR
noy be poge 3	(TYPE OR PRINT) WILLIE	D.	PERKINS	4 02	1986 M
T D D	3. SEX	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY) IF	UNDER TYEAR IF UNDER 24 HRS
of a section	MALE	BLACK	2 26 1908	78 yrs.	
2 2 A/9	70. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED X NEVER MARRIED	9. BALTIMORE CITY OR COUNTY C	FDEATH
1 1 1	GEORGIA	U. S. A.	WIDOWED DIVORCED	BALTIMORE CITY	MD.
H2 23 20	10. CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET		120 USUAL OCCUPATION [TYPE OF WORK FOR MOST OF WORKING LIFE]	12b. KIND OF BUSY BUNG
24 30	BALTIMORE	2433 SHIRLEY AT		LABORER	CHÉMICAL CO.
ND 21	USUAL RESIDENCE (IF NURSING HOME OF 136, STATE 136, COL		'N 13d. INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP CODE 2 BALTIMORE, MARYL	AND 21215
The state of the s	14. FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	ME	LAST
1 1110	JAMES	PERKIN	S LULA	winnit	UNKNOWN
# 50 B 6 7	160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166. SOCIAL SECU	JRITY NO. 17. INFORMANT	2433 SHIMEEY A	VENUE
A Popular	NO	254-03-4	1198 ETHEL PERKINS	BALTIMORE, MARY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
RECORDS, 201 W. PRESTON  of low requires that the death conservation is been signed by the ostending permit. Their please remove contraction to the sony injury, or after froumating.		SCEERCTIC		SCOLAR D. 200 IF YES,	WERE FINDINGS USED ING CAUSES OF DEATH?
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DIVISION OF VITAL  NG PHYSICIAN: The cuttending physicion wifer this certificate h os the build-transif p th and Mental Hayen orked or Item 18 show	(# EITHER NOTWHADICAL EXAMIN  21d. INJURY OCCURED  WHITE NOTWHATE AT WORK	P.M.  21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE,	19 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENDIN ospitol or ECTOR: Af d for use of for use and m 21 is mo	saw, the deceased alive a above, it iwe! [add (did r	pital) attended the deceased fram.  TPA 2  not) view the body after death.		death accurred an the date and hour of	
by the hi by the hi ERAL DIRI Stote Dep	22d PHYSICIAN'S NAME (TYPE	OR PRINT)	DEGREE ATTENDING PHYSICIAN 1	MEDICAL STAFF DIRECTOR PHYSICIAN	122. DATE SIGNED APR. 2, 1986
TO HOSPITAL retoined by the TO FUNERAL should be deto with the Store with the Store	GERALD Y	1. HOFKIN	2435 W.	BELVENCAL/	fre. 21215
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(VRA 15, 4)	2501 GWYNNS FALL	S PKWY. BALTIMOR	E, MD. 21216 AF	PR 0 8 1986 Guna un	



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00-	03498		REGISTRAR		MEI	DICALI	EXAMINE	R'S CER	TIFICATE	OF DEAT	19	REG. NO.	0		
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	W ~	(TYP	E OR PRINT)	Hayw	hood			Per	rc7		OF ES	TI		6	
	E E E E E	3. SEX	1	4. RACE	IC DATE OF BIRTH		6. AGE (IN YEAR		4	R 24 HRS. 2					MOLIB
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	ATH. IF ANY DELAY IS NECESSARY, PLEASE IS 1, 2, AND 3 TO THE FUNERAL DIRECTOR. PM. 3. RETAIN PAGE 5. FOR YOUR FILES. NID 3. SHOULD BE FILED, WITHIN 72 HOURS WITH RECORDS (20) W. PRESTON STREET,	10. CI	TY OR TOWN	OF DEATH	11. NAME OF HOS	PITAL, NUE	RSING HOME,	OR OTHER IN	NSTITUTION		L OCCUPATION	ON (TYPE OF W	ORK 12b. KIND C		
	\$ E & E &		Baltimo	re	833 N.	Cilm	reet address) or Stre	oot			OST OF WORKING	.(FE)	OR IND	USTRY	
	DS BE				OR OTHER INSTITUTION, GIV					DISA	BLED				
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	NER: THIS CERTIFICATE SHOULD BE EXECUTED ICATE, WRITING THE WORD "PENDING" IN P FORWARDED TO THE CHIEF MEDICAL EXA FOR SA SHOULD BE USED AS A BURIAL. THE STATE DEPARTMENT OF HEALTH AND MAND, 21201 PRIOR TO BURIAL, CREMATION,		AT WORK	AT WORK	1 (1	nead	onlyl	-							
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	TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGA FITER DEATH, WITH THE STATISMORE, MARYLAND, 2120	73a PI		ION, REMOVAL			IAME OF CEMI		NE JJ	23d. LOC					
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Dulaney Valley

DHMH - 16 60M 7/B4 (VRA 15, 4) Burial

Ruck Towson Funeral Home, Inc. Towson, Md. 21204

4-15-86

250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Timonium,

APR 1 8 1986 Julia Tavidson Manda

Maryland

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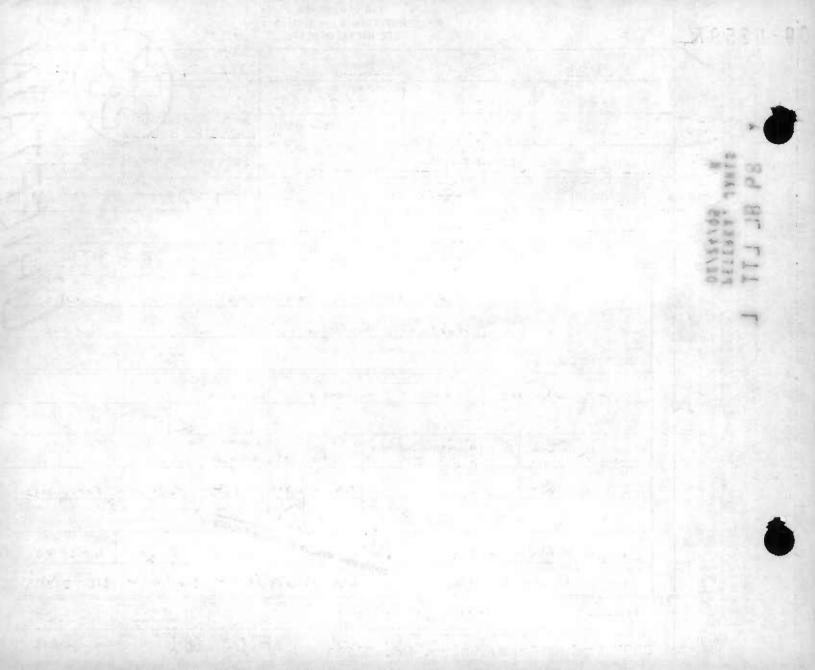
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Honors after death. Tage 4 moy be field within 72 hours after death.  1 in by the funeral director. page 4 moy be field within 72 hours after death.  2 in by the funeral director. Day of the funeral distriction of the field within 72 hours after death.  3. SEX    2 in by the funeral distriction of the field within 72 hours after death.	& Matson	RACE CITIZEN OF WHAT COUNTRY	TMENT OF HEALTH AND MENTAL HYCCERTIFICATE OF DEATH  LAST PERRY  (KRUSZEWSKI)  S. DATE OF BIRTH  MONTH DAY  YEAR  2 8	REG. NO,  20 DATE OF DEATH AONTH  4 2 1/  6 AGE (INYEARS LAST BIRTHDAY)  YRS.	DAY YEAR 2b. HOUR 1 PM 1 P
Joseph Age of Line of	Matson  Mule  THPLACE (STATE OR FOREIGN 76  DUNIRY)  Md.	RACE W	S. DATE OF BIRTH  MONTH  DAY  YEAR  20  2	20 DATE OF DEATH AONTH  16 AGE (INYEARS LAST BIRTHDAY)  YRS.	86 14 PM
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res that the c gned by the a n please remain, cremat y, ar other tre	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUENCY OF A CONTRIBUTING TO	DENCE OF DEATH BUT NOT RELATED TO THE TERM	ainal disease or Condition G	IVEN IN PART 110
he lov on. has t pern ene p	TO DATE OF OPERATION  210, 'ACCIDENT WAS UNDERLYING	renal fo	H OPERATION WAS PERFORMED	YES NO NO Y	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? YES NO
IYSICIA ding ph s certifi s certifi Mentol or frem I	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)  21d INJURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY	19 21f LOCATION	RED (ENTER NATURE) OF INJURY IN ITEM 18	
ENDING tol or off OR. Affer ruse as the Health o	220. I certify that deceased alive on above, (1) (we) (did) (did not).		4/2 19 86	city Or Town	, 19 that (1) (we) last out and from the causes stated
by the by the CERAL D State D State D ANT: #1	224 SIGNATURE	rolee M	DEGREE ATTENDING PHYSICIAN [ 270. ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	22c DATE SIGNED 4/21/86
o HO of the hould hould with the wPOR		andle 23b. DATE 123c	NAME OF CEMETERY OR CREMATORY	Hospital	Balt. My
BP	Burier L		oly Rosary Cemeter	CITY OR LOWER	COUNTY

LOLI TAPICAL THE PROPERTY Watson & The sale of the sale of the ALVIE ALVIE ALVIEN Manual Land Franch Parsin - It had MD CALL TEN 123 OF CAREFORD BASE The best of the second of the

S.			1		STATE OF MARYLAND  FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 5 1 1 3 4 8												
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E.			. 1 .			FIRST	,	AIDDLE		LAST		20 DATE OF I			YE AR	2b. HOUR	7
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IH .	960	recto urs a	V		MALE		WHI			B. 24	1905	81		YRS.		HOOKS	Wild.
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Z.L.		350	Moer	14. FA	THER'S NAME		MDDLE			15. MOTHER	'S MAIDEN NA	ME					
MA	ed 🕷				JAMES	N		TERK	A	MA	RY		MIDDLE		VELE	Novsk	Y
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5, 20	ires	gned en ple buric	٠, ٥	_	PART 2 OTHER SIGNIF	ICANT C	ONDITIONS CO	NTRIBUTIN	G TO DEATH BU	T NOT RELATE	D TO THE TERM	INAL DISEASE	OR CON	IDITION GIVE	N IN PART 1	la	
ME	redu	t. The	<u> </u>	CATION	001	mbo	lus.	chin	ruin 1	mounter		useane					
ER AL REC	he law	hos be	2	CERTIFICA	19g. DATE OF OPERATIO	N	196 CONDI	TION FOR W	VHICH OPERAŤI	ON WAS PERFO	DRMED"	200 AUTOP	SY?	20b. IF YES, IN CERTIFYI YES	WERE FIND ING CAUSE	INGS USED S OF DEATH	?
<u> </u>	hysic hysic	ficate frans Hyg	2		21a ACCIDENT WAS UNDER	-	216. TIME OF		H DAY YEAI	21c HOW IN	VJURY OCCUR	RED (ENTER NATU	RE OF INJU	JRY IN ITEM 18 PAR	T   OR PART 2)		
AL	SICI/	urial-	Hea	MEDICAL	(IF EITHER NOTIFY MEDICAL	EXAMINER)	P./	M. 3	28 19	Y F	all at	home				3.0%	
APPROVAL PER MR DIVISION OF VITAL RECORDS,	JG PHY offendi	ter this	rked or	MED	21d INJURY OCCURRED  WHILE AT WORK  AT WORK		1.1		OFFICE FARM ETC )	211. LOCATI	D D	ood S	TORTO	etimor.	COUNTY Bal	STA AN I	ITE
РР	NON I	R. Al	om s		22a.1 certify that (I) (tl		41 1			9	AFF	XIV III	4/2	, 15	86	, that (I) (we	e) lost
A	ATTE	CTO d for	50		sow the deceased above, (1) (we) (did	olive on_ ) (did not)	view the body	ofter death.	10 86	nd that in (in	TO X Op Man	oth coursed	on the d	ate and hour o	and from the	e couses state	ed
Z	OR be	DIRE Oche Dep	£		226 SIGNATURE	111.	e		11	The state of the s	WEDIL	MEDICAL	STA	EE		ESIGNED	914
0	PITAL by 1	ERAL e det Stote	Ž		22d. PHYSICIAN'S NAM	E ITABE TO		aub	100	FICATION APPR	PHYSICIAN [	MEDICAL DIRECTOR	PHYSIC	CIAN D	4-	2-84	
RELEASED	O HOSF	Shauld be de			Joseph 1	1 M	olina	am	CEN	600	n wot	re St	Ba!	Himore	MD	2120	5
LEA	BP			23a B	URIAL, CREMATION, RE BURIAL	MOVAL	236. DATE 4/4/	/86	23c NAME OF HOLY	EMETERY OR			NWOT		COUNTY	STAT	TE
RE	DHMH.	- 16 50M 1/8 RA 15, 4)	31	24 FL	SCHIMUNEK 3331 Breh	FUN ms I			INC. Md.	21213	250 AP			IMORE 256. REGISTRA	AR'S SIGNA	MD.	



(VRA 15, 4)

02877	FOR STATE REGISTRAR	DEPART	CERTIFICATE OF DEATH	SIENE S O REG. NO.	1 0 4 9
eorth 3	T DECEASED NAME FIRST OLA	f	PETTERSEN	20. DATE OF DEATH MONTH	4 86 26. HOUR 87. 10p
4 mo	1.5EX MALE	4 RACE CAUCASIAN	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MI
on of the second disconstitution of	7a BIRTHPLACE ISTATE OR FOREIGN COUNTRYL NO RWAY	76. CITIZEN OF WHAT COUNTRY  U.S.A.	4 10 07	9 BALTIMORE CITY OR COUN BALTIMORE CI	TY OF DEATH
	O CITY OR TOWN OF DEATH  BALTIMORE	(IF NOT IN SUCH FACILITY, GIVE STREET	OSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING CARPENTER	12b. KIND OF BUSINESS
24 hour		ROTHER INSTITUTION GIVE RESIDENCE BEFORM  NTY  130 CITY OR TO  SEVERY	YES NO X	13e STREET ADDRESS / ZIP CO	
ed mpleten	FATHER'S NAME FIRST  MARTIN	MIDDLE PETTER	IS. MOTHER'S MAIDEN NA	UNKNOWN	LAST
Pager 1	160° WAS DECEASED EVER IN U.S. AI (YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SEC VE WAR OR DATES) 086 10		ST RD SEVERN, A C PETTERSE	
quires that the deal signed by the other then please elementes to birrial, cremation qury, or other traum		DUE TO, OR AS A CONSEQ  OUE TO, OR AS A CONSEQ  (c)  CONDITIONS CONTRIBUTING TO	Confeque -	0	
to be be to	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
ring physics certificate wrish treats Aemtal Hyg	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTHY MEDICAL EXAMINE 21d INJURY OCCURRED	HOUR A.M. MONTH		RED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)
After the the order of the	WHILE NOT WHILE AT WORK	(AT HOME, STREET FACTORY, OFFICE		CITY OR TOWN	COUNTY STATE
ATTENDIA Spriel or SCTOR, A differ our till different m 21 tem	saw the deceased abuse o abave, (1) (we said) (did n	oital) attended the deceased fram  19.  20. view the bady after death.	, and that in (my) (aur) apınıar	death accurred an the date and l	
BALDER c detecto	228. SIGNATURE	Jose Aerna		MEDICAL STAFF DIRECTOR PHYSICIAN	4-4-84
O HOSP should be thought be with the	V JOSE 1	T. TERPHNOLE	2, MD 900 S. Cate	on Avenue Bal	timore,Md212
BP	23a BURIAL, CREMATION, REMOVA (SPECIFY)  BURIAL		NAME OF CEMETERY OF CREMATORY EDAR HILL	Brook Tyn	A Maryla
DHMH - 16 60M 7/84	24 FUNERAL DIRECTOR Raymond C. Fir	nk Glen Burni	e, Md 21061	PRO 7 1986 Juna	SISTRAR'S SIGNATURE

STATE OF MARYLAND

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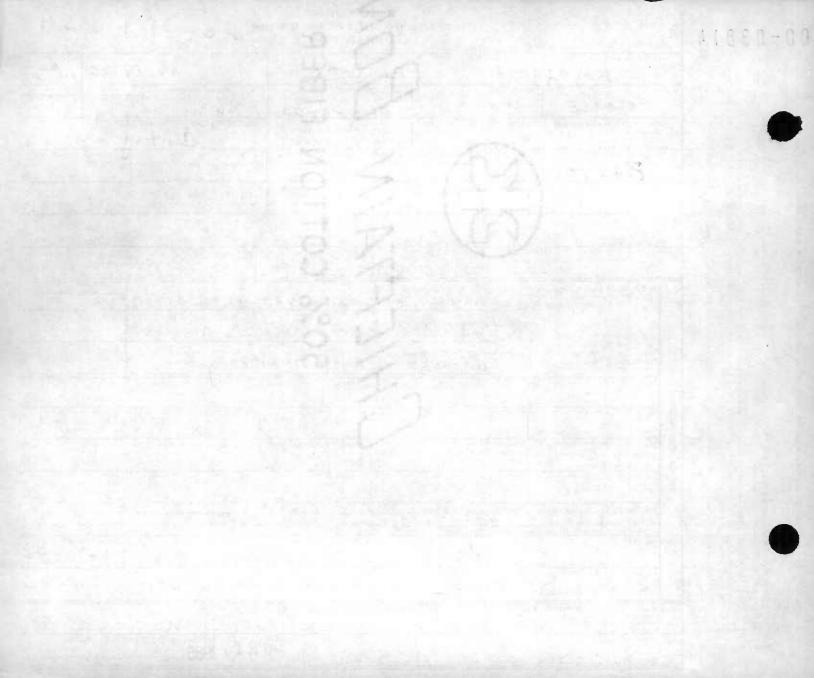
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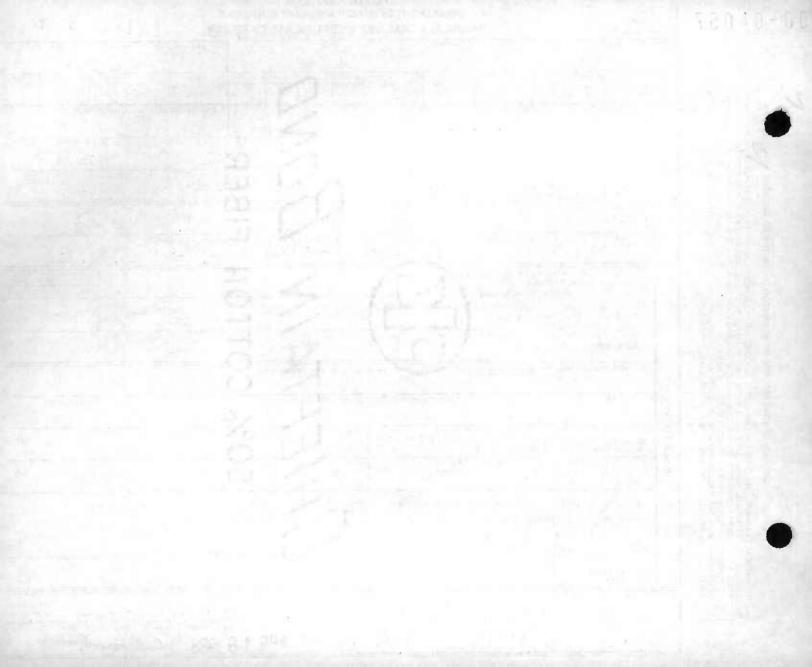
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JORGE



->		TLEW // C	1-25-86	STATE OF MARYLAND		
00-03439	1-	STATE A. L. Perf	phone DEPARTI	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	SIENE B GREGINO.	1053
be 3	1. DEC	or PRINT Agnes Picke	MDOLE	LAST	4/10/86	DAY YEAR 2b. HOUR
ge 4 may be ector, page 3	3. SE		A RACE Black	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) 81 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS
death Pag	7e. Bi	RTHPLACE (STATE OR FOREIGN DUNTRY) Pa,	75. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore C	
the f		altimore	11. NAME OF HOSPITAL, NURSIN	ADDRESS)	12e USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING)	LIFE) 12b. KIND OF BUSINESS OR INDUSTRY
ND 2120	13a. S	AL RESIDENCE (IF NURSING HOME OR 13b. COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE TO BE TO STATE OF THE BELL TO S	N 13d. INSIDE CITY LIMITS?  YES 17 NO 1	13e. STREET ADDRESS 3620 Garriso	ZIZIO
MARYLAP mpletely f	14. FA	THER'S NAME FIRST A	AIDDLE LAST	15 MOTHER'S MAIDEN NA		LAST
IMORE, MA be executed on and camp s. Pages on		VAS DECEASED EVER IN U.S. ARAYES, NO OR UNKNOWN) (15 YES, GIVE	WED FORCES? 166. SOCIAL SECU		ADDRESS	arrison Ave.
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MARYLAND 21201  NG PHYSICIAN: The low requires that the death certificate be executed within 24 hours ottending physician and campletely filled in by the this certificate has been signed by the ottending physician and campletely filled in by as the burial-transit permit. Then please remove carbanpapers. Pages lond 2 should be filled and Mental Hygiene prior to burial, cremation, or removal.  Orded or them 18 shows any injury, or other traumatic event, the medical examine hands be not also any injury, or other traumatic event, the medical examine hands be not also as a second or the contract of the contrac	NO	PART I. DEATH WAS CAUSEI IMMEDIATI  Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause lost	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)	tive heart fai	lure (progression	
TAL RECOR	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	INCERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? YES NO
IVISION OF VITAI  G PHYSICIAN: The offending physicion for this certificate by she buriol-fronsit and Mental Hygie rived or them 18 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF E)THER, NOTIFY MEDICAL EXAMINER)		21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18,	PART 1 OR PART 2)
DIVISION DING PHYS or ottendir After this os as the bu oith and the bu morked or I	MEDICAL	VHILE OCCURRED NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.] 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTENDIII pital or TTENDIII TTENDIII TTENDIII TTENDIII TTENDIII TTENDIII TTENDIII TTENDIII TTENDIII TTENDIII TTENDIII TTENDIII		220-1 certify that (I) (this hospit sow the deceased alive an above, (I) (we) (did) (did not	ol) offended the deceased from a function of the function of t	, and that in (my) (our) opinion  DEGREE  ATTENDING	death occurred on the date and ha	19
TO HOSPITAL OR A etoined by the hos TO FUNERAL DIREC should be detoched with the Stote Dept.	0.	JONICE HERE	PRINT+-Carter M	D 220 ADDRESS 3319 W Bell	DIRECTOR PHYSICIAN . I	BaltyD
T re s s s s s s s s s s s s s s s s s s	23a. B	URIAL, CREMATION, REMOVAL Burial		ame of cemetery or crematory estveiw Mem. Pa	23d. LOCATION CITY OR TOWN	COUNTY STATE
DHMH-16 60M 1/73 (VR A 15 (4))	24. FU	DATTATION OF THE COMMENT OF THE COMM	7 - 21 - 0	25e DAI	E REC'D BY REGISTRAR 25 F REGIS PR 14 1986	MARISEIGNA NAME

00-0	1.057		FOR			EPART!	STA NENT OF		ARYLAN		YGIEN	E			- (-4)	
00-0	14057	1.	STATE REGISTRAR		MEI	DICALI	EXAMIN	ER'S C	ERTIFIC	CATEC	F PEA	TH	REG. N	10.	0 5	44
			CEASED NAME	FIRST		WIDDLE			LAST			2a. DATE	KNOWN	MONTH X	DAY YEA	R 26 HOUR
	ES. SEE.	,,,,	CORPRINT	Steph	en	J.		Pi	inaris	3		OF DEATH	ESII-	4/	15/19 8	36 M
	STREET STREET	3. SEX		4. RACE	5. DATE OF BIRTH	YEAR	6 AGE (IN YE.	ARS IF UN		IF UNDER		2c. DATE	CED	MONTH	DAY YE	
21	ON SOUR	M	ale	White	9 15	64	21 y	Morali	TS DATS	HOURS	MIN.	DEAD	CED	4/	15/19 8	36 A M
	CESS OR Y SEEST	7a. BI	RTHPLACE (ST PREIGN COUNTRY) Marylar	TATE OR	7b. CITIZEN OF WH		TRY?	36.7	ED XNE	VER MARRI	ED 🗆				ITY OF DEATH	
	NA N		TY OR TOWN		U.S.		chic hour	WIDOW		DIVORC		Bal	timore	e Cit	y Fig. Vallage	MD.
9	7	10. C			(IF NOT IN SUCH FAC	ILITY, GIVE ST	REET ADDRESS)				FOR M	ost of work	ATION (TY	PE OF WORK	OR INDU	
1	A STANCE	USUA	Balti	(IF IN NURSING NOME O	Univers	ERESIDENCE	IOSPITA	al Sh	ock T	rauma	MeT	der			Plasti	cs
21201	ATH. IF ANY DELAY IS NECESSARY, PLEASE S1, 2, AND 3 TO THE FUNERAL DIRECTOR. PM 3. RETAIN, PAGE, 5 FOR YOUR FILES. NO 2 SHOULD BE FILED, WITHIN 72 HOURS. VITAIRECORDS, 20 W PRESTON STREET,	13a. S	tate aryland	M3b COUN	imore	13c. CITY	ortown timore		13d. INSIDE (I YES 🔲	NO X		et addre	ss d Str	reet 2	21237	
WD	1, 2, N 3. N 3	1	ATHER'S NAME		MIDDLE		AST			ER'S MAIDE	N NAME	MI	DDLE		LAST	
ORE,	DEATH.		Nichola			Pin	aris		Ru	ith		A			Wood	
BALTIMORE, MD. 21201	4 HOURS AFTER DEATH. EM 18. GIVE PAGES 1, NG WITH FORM PM. ERMIT. PORM PM. ERMIT. POSES 1 AND 2 AL. AL.	(Y	VAS DECEASEI ES, NO, OR UNKNO NO	D EVER IN U.S. AR/	MED FORCES? WAR OR DATES)		141 SECURIT 152-83		Mrs <sup>ora</sup> 7939	Jeri 32nd	Lee Stre	Pinar et, B	is altim	ore,	Md. 21	237
	4 HOUR FEM 1B. ( DNG WI FRMIT. F IENE, DI	7	18 CAUSE O PARTIDE	ATH WAS CAUSED	y ane couse per line D BY: TE CAUSE (a)	far (a), (b),		nio-	cereb	ral T	rauma	1			APPROXIM BETWEEN ON	ATE INTERVAL SET AND DEATH
IESTO	A ALC MOV		Condition	ns, if any, which	DUE TO, OR	AS A CON	SEQUENCE	OF								
× P	WITH AINE AINE AIAL OR RE		gove ris	e ta immediate stating the under-	(b)	AS A CON	SECULENCE	>-								
201 V	UTED WITHIN IN PENCIL IN EXAMINER, STAL-TRANSI D MENTAL HOON, OR REM		lying cau		(c)	AS A CON.	SEQUENCE (	)r								
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	ULD BE EXECUTED WITHIN 24 HOUR "PENDING" IN PENCIL IN ITEM 18. IF MEDICAL EXAMINER ALONG WED AS A BURIAL-TRANSIT PERMIT. HEALTH AND MENIAL HYGIENE, D AL, CREMATION, OR REMOVAL.	NO	PART 2 OTHER SIG	GNIFICANT CONDITIONS	CONTRIBUTING TO OFATN B	UT NOT RELAT	EO TO THE TERM	INAL DISEASE	OR CONDITION	N GIVEN IN PAI	RT 1 al.					
A R	SHOULD ORD "PEI CHIEF ME USED A TOF HEA URIAL, O	CERTIFICATION	19a. DATE OF	OPERATION	19b. CONDIT	ION FOR V	VHICH OPER	ATION W	AS PERFOR	MED?					20 AUTOPS	Y?
Y Y	T SECOND	RTIF	al CYTCONIA	L CAUSE WAS							400				YES 5	NO 🗆
0	E SHE HES				21b. TIME OF HOUR A.M. DEATH ] ] : ] 0/10				OW INJURY	OCCURRE	D LENTER N	ATURE OF INJU	JRY IN ITEM 18	PART 1 OR PA	ART 2)	
Sol	RTIFI NG T SHO SHO RIOR	EDICAL	171d INJURY C	CCURRED	21e PLACE C	VI 4/	14/19 8		oject	drive	er of	moto	or cyc	cle/f	ixed ob	ject
N	S CE RDEIN	X	WHILE	NOT WHILE K	STREET FACTO				TREET			CITY OR TOW	/N	со	UNTY	STATE
	PAC STA	-			S	treet		Nei	ghbors	s Ave	& F	Boaz,	Rosec	dale,	Balto.	Co.,M
	A P S S S S S S S S S S S S S S S S S S				e af the remains desc			Autaps		Inspection		Inquiry		nd in my a	pinian	
	REC BE		death resulte	d from: Notur	ol causes .	Accident	XX Sui	cide 🔲	, Homic		Undete	rmined mo	nner			
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD "P PAGE 4 SHOULD BE FORWARDED TO THE CHIEF. TO FUNGAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEATMENT OF HE BALTIMORE, MARYDAND, 21201 PRIOR TO BURIAL,		ACTUAL SIGNATURE_	Mouls	te (me	961	00,		TITLE (SI					DATE		10.0
	SEAT SHEET FOR S			1		7330		M.	D. ASSI	istan	E-WEDI	CAL EXAM	INER	SIGNE	-4/15	/86
	MECU GE TER TER		EXAMINER'S I	NAME M	argarita	A. Ko	rell,	M.D.	ADDRESS	1.	l] Pe	nn St				
	AX SA SA SA	23a.Bl	JRIAL, CREMAT	ION, REMOVAL 2			AME OF CEA				23d. LOG	CATION		COU	NTY	STATE
07/84 25M	BP		Buria		4-17-86	Gr	eek Or	thod			Ba:	ltimo	re I	Balti	more	Md.
43171	DHMH - 17	Ar	INERAL DIREC	atthews	Matthews Baltin	Funer	al Hor	ne		25a. DATE R	EC'D. BY	REGISTRAF			SIGNATURE	02
	(VR A15 ME (5))		3021 Ea	stern"Ave	Matthews	ore,	Md . 2	1224		AFK	18	1986	gulia	Davids	an-Alanda	

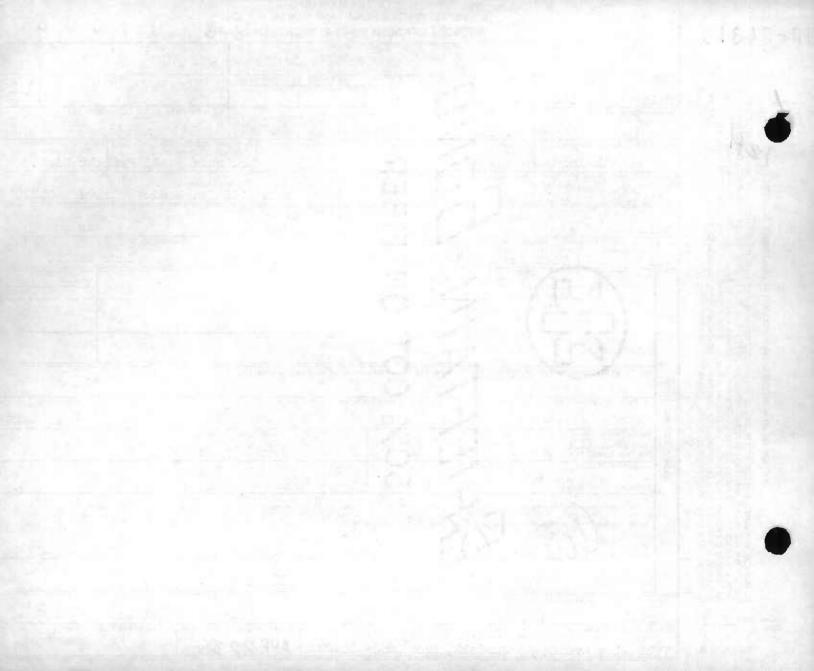


A	1			STATE OF MARYL	AND			
	11.	FOR STATE	DEPA	ARTMENT OF HEALTH AND	MENTAL HYGIE	NE SO &		5 5
19-0294	9	REGISTRAR		CERTIFICATE OF E	DEATH	REG. NO.		
		CEASED NAME FIRST	WIDDLE	LAST		DATE OF DEATH MONTH	DAY YEAR	2b HOUR
E B B B B B B B B B B B B B B B B B B B	(TYPE	OR PRINT) WILLI	Ε	PINCHBACK	Sr.	APRIL 7. 1	9.86	7:35 <sup>P</sup>
DE DE	\$. SE	1	4 RACE	5. DATE OF BIRTH		AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
oge 4	1	NIALE	NEGROID	June 9,	1904		RS.	HOURS MIN.
P P P	70. BI	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT	RY? 8.	MARRIED 5	BALTIMORE CITY OR COL	JNTY OF DEATH	
in The south	V	IRGINIA	U.S.H.			BALTIMORE C	ITY	MD.
with the	10 €	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVES)	RSING HOME OR OTHER INST	TITUTION	20 USUAL OCCUPATION	126. KIND O	F BUSINESS OR
by th	100	LTIMORE	JOHNS HOPKI	INS HOSPITAL		Kennec	1	Idustry
bau hau	75U.	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION GIVE RESIDENCE B		TTY LIMITS?	30.STREET ADDRESS / ZIP (	ODE /	217.13
AND 124	10	Md.	- Ba/7	5 more YES I	NO 🗆	1307 Keni	5,11 Ar	e.
	14. FA	THER'S NAME	10015	15 MOTHER'S	S MAIDEN NAME			
W i i i		JOHN 7	INCHBAC	K An	1AND	A MIDOR	NOLE	.1
NORE, NORE,		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIALS	ECURITY NO. 17 INFORMA	ANT	ADDRESS	130	0711.
2 00 0		NO -	224-1	10-0019 01	ENDI	9 TINCHE	ACK K	enHILL
BALTIA Cate be Visician Opers. Poval. nit, the m	1	18 CAUSE OF DEATH (Enter an	y ane cause per line far (a), (b	, and (c.)			BETWEEN	IMATE INTERVAL ONSET AND DEATH
		PART I. DE ATH WAS CAUSEI IMMEDIAT	E CAUSE (a) Respu	atour Facture				).5
Z In and			DUE TO, OR AS A CONSE	EQUENCE OF	1 1	1	(	1
W. PRESTON ST		Canditions, if any, which		Statte CA	to Era	in lever		mus
		gave rise to immediate cause (a), stating the	DUE TO, OR AS-A CONSE	OUENCE OF A A	1.	01-	1	1
	187	underlying cause last	1 10 Sina	of coll	lux	G CH		2003
RDS, 20	z	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED	TO THE TERMIN	DISEASE OR CONDITION	GIVEN IN PART 110	a ·
ORD reen reen ran to ra	CERTIFICATION	190 DATE OF OPERATION	Time complyion con un	TICH OPERATION WAS PERFO	20150	In AUTORCY2 Inn I	EMEC IMPREENING	
e Prince	1 2	190 DATE OF OPERATION	196. CONDITION FOR WE	TICH OPERATION WAS PERFO	DRMED	IN CI	F YES, WERE FINDIN ERTIFYING CAUSES	OF DEATH?
sicion sicion ygien shaw	1 =	210 ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	(2), 110)W B	LUIDY OSCUBER	YES NO X	YES 🗌	но 🗌
> 7 5 5 5 5 5 7		OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	JURY OCCURRE	O (ENTER NATURE OF INJURY IN ITE	M 18 PART T OR PART 2)	
PHYSICIA PHYSICIA Physic certif this certif the burial-t d Mental	MEDICAL	I IF EITHER NOTIFY MEDICAL EXAMINER		19				
SIC HA HP PH	MED	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFF	PICE, FARM ETC 1 21f LOCATIO	JN	1 CITY OR TOWN	COUNTY	STATE
	10	AT WORK AI WORK		1 (1		1/		
END of of OR: A		220. I certify that (I) (this haspit saw the deceased alive on	al) attended the deceased from	01	19_86	. 10		that (I) (we) lost
R ATTER haspital RECTOR RECTOR for used for use fem 21 is	10	abave, (1) (we) (did) (did nat	view the bady after death.		(dur) opinian de	oth accurred an the date and		
0 0 0 0 0	100	22b. SIGN YURE	7	DEGREE	ATTENDING _	MEDICAL STAFF	22c DATE	SIGNED
	1	Diane 1	1 tarinea	w win	PHYSICIAN	DIRECTOR   PHYSICIAN	4/	7/86.
HOSPITAL Inned by the FUNERAL In the Store of NORTANT.		22d. PHYSICIAN'S NAME (TYPE OF		22e ADDRES	6S	.11 5: 1	en,	
TO HOSPITAL		DIANE	M. FARIT	NEHO   600	rus W	orte of 6	Kel 17 mor	2 MM
₩ 2 · · · · · · <u> </u>	23a E	URIAL GREMATION, REMOVAL	23b. DATE	230 NAME OF CEMETERY OR	CREMATORY	23d LOCATION	COUNTY	STATE
BP		BURITL	7-12-86	Baltimore	Cem.	Balto.	Mel	1
DHMH - 16 60M 7/B4	24 FL	INERAL DIRECTOR	ADDRE	いろはって、	250 DATE F	REC'D. BY REGISTRAR 256. BC	GISTRAR'S SIGNATI	URE
(VRA 15, 4)	(	ALVIND.	CKU66S	treston	SX-AP	R 0 9 1986	interiodant	andres.



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR L DECEASED NAME 2b. HOUR 20. DATE KNOWN X (TYPE OR PRINT) OF ESTI-19 86 PITTS Sr. TERRY 19 DAY 4. RACE 5 DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. JE LINDER 24 HRS 2d HOUR DATE YEAR LAST BIRTHDAY RONOUNCED 40 YRS DEAD White 6 24 1945 Male am 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR MARRIED \*\* NEVER MARRIED FOREIGN COUNTRY) DIVORCED Baltimore City Maryland U.S.A. WIDOWED 120. USUAL OCCUPATION (TYPE OF WORK 126, KIND OF BUSINESS 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Baltimore Mechanic - All Frieght Dist. University Hospital BALTIMORE, MD. 21201 UN COUNTY 13c CITY OR TOWN 134 INSIDE CITY LIMITS 13e STREET ADDRESS 13n STATE NO X 4022 St. Monical Drive 21222 Baltimore Dundalk Maryland 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Jordon Pitts Loretta Joseph 17 INFORMANT MAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. ADDRESS T. PAGES! (YES, NO. OR UNKNOWN) LIF YES GIVE WAR OR DATES Same as 13e Nancy A. Pitts Viet Nam 212-44-8874 Yes APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Fractured pelvis with complications IMMEDIATE CAUSE (a)\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED REVECUTE THE CERTIFICATE, WRITING THE WORD, "PENDING" IN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXALD FAULURE AS SHOULD BE USED AS A BURRAL AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MEDALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO CERTIFICATION 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? YES 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING XXOR Subject pinned by forklift CONTRIBUTING CAUSE OF DEATH 9: 45 KM 21e PLACE OF INJURY LATHOME 21f. LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) CITY OR TOWN WHILE AT WORK AT WORK warehouse Balt. City MD. 1900 Johnson St 17a I certify that Took charge of the remains described above, held on Autopsy ond in my opinion death resulted ront Suicide Homicide \_\_\_\_ Undetermined monner Natural causes TITLE (SPECIFY) Assistant MEDICAL EXAMINER EXAMINER'S NAME Dennis F. Smyth 111 Penn St., Balt. MD, 21201 (TYPE OR PRINT) ADDRESS. 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY Maryland 4/22/1986 Meadowridge Howard Burial Dorsey 07/84 25M 24 FUNERAL DIRECTO Duda-Ruck, Inches 25a. DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE Tima Davidson Mandage **DHMH - 17** 21222 (VR A15 ME (5)) 7922 Wise Avenue Dundalk, Maryland

STATE OF MARYLAND



01133	1.	FOR STATE	CERTIFICATE OF DEATH								
400		REGISTRAR	MIDDLE	LAST	REG. NO.	DAY YEAR 75 HOLIR					
8 7 TO		CEASED NAME FIRST	A •	Pizlo	April 18, 1	20 HOOK					
oy b	I SE		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS					
weerol d		Male	White	June 8, 1926	59 YR	MONTHS DAYS HOURS MIN.					
1 2 2 Pd		RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN OF WHAT COUNTY	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUN	NTY OF DEATH					
office of the type	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL N	WIDOWED DIVORCED   URSING HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION	126. KIND OF BUSINESS OF					
1 3	100	Balpimore		cott Key Hosp.	Main. Mech.	•					
ed b	130. 5	AL RESIDENCE IF NURSING HOME OF TATE  Iaryland Bal	or other institution, give residence inty  to • 13c. CITY OF Dund	R TOWN 13d. INSIDE CITY LIMITS	? 13. STREET ADDRESS 6911 Delvale	e Place 2122					
ie on	_	ATHER'S NAME		15. MOTHER'S MAIDEN	NAME						
3	1	Vincent	Pizlo			trzegowski					
Poges		VAS DECEASED EVER IN U.S. A YES NO OR UNKNOWN) (IF YES, G		20-6430 Mary Piz	ADDRESS	le Place 2122					
te has been signed by the attending physic strip permit. Then please remove conhonopope spiene prior to burial, cremantian, car cemanoal shaws, any injury, ar other traumatic event, th	CERTIFICATION	Conditions, if any, which gove rise to immediate cause Ial, stating the underlying cause last.	DUE TO, OR AS A CON  (b)  DUE TO, OR AS A CON  (c)  CONDITIONS CONTRIBUTION  19b. CONDITION FOR V	SEQUENCE OF  SEQUENCE OF  GTO DEATH BUT NOT RELATED TO THE	200 AUTOPSY? 20b. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO NO					
Mental Hygins Hem 18 sh		OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONT	H DAY YEAR							
and Me	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY JAT HOME, STREET, FACTORY,	21f. LOCATION	CITY OR TOWN	COUNTY STATE					
should be detached for use as with the State Dept. at Health IMPORTANT: If Item 21 is mark		22a. I certify that (I) (this hasp saw the deceased alive a above. (I) (we) (did) (did in 22b. SIC. IN TURE)  22d. PHYSICIAN'S NAME   TYPE	n at view the bady after death.	DEGREE ATTENDING PHYSICIAN 220. ADDRESS	, to, to, to, to, to	22c. DATE SIGNED 4/21/86					
5423	23a. (	BURIAL, CREMATION, REMOVA	L 23b. DATE	23c. NAME OF CEMETERY OR CREMATOR	RY 23d. LOCATION						
		Burial	4/22/86	Sacred Heart Ce	m. CITY OR TOWN BE	alto. Md. state					
H - 16 50M 4/82		UNERAL DIRECTOR	AD		DATE REC'D. BY REGISTRAR 25b. REC						
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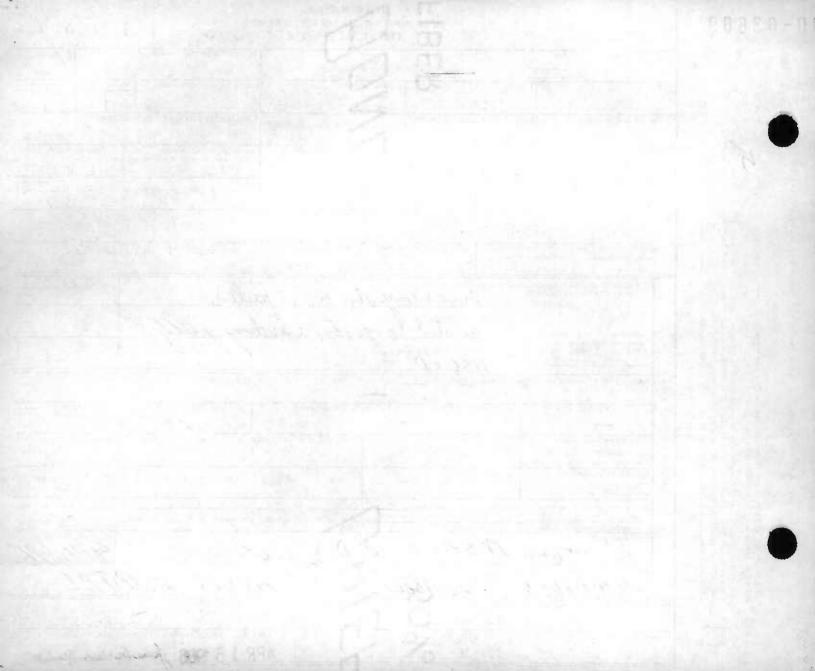
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

- STATE

REGISTRAR

0 -	03669		FOR - STATE	21/86	mtb F#6		MENT OF H	EALTH AND A	MENTAL HYG	IENE 8 6		0	5 9
			REGISTRAR	FIRST		MIDDLE		AST	LAIN	REG.		AY YEAR	2b. HOUR
	9 9 0 t t		PECEASED NAME  YPE OR PRINT)			John				Za. DATE OF DEATH			28. HOUR
	nay be poge 3			ALEIG	H RACE	ROBERT	PL 5. DATE C	EASANT		6 AGE (IN YEARS LAST	4 10	86 IF UNDER 1 YEAR	IF UNDER 24 HRS
53	ge 4 m ector. p	3	MALE			ACK	MONTH 5		1 <sup>YEAR</sup> 1900	85		ONTHS DAYS	HOURS MIN.
	Pour Pour	70	BIRTHPLACE (STATE OR	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	NEVER A	MARRIED -	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
	ary on the	P	ENNSYLVANIA		U. S	. A.	WIDOWE		VORCED [	BALTIMOR	RE CITY		MD.
	المواقعة الماء	10	CITY OR TOWN OF DEA	ATH		HOSPITAL, NURSING FACILITY, GIVE STREET		R OTHER INST	NOITUTION	12a. USUAL OCCUP.			OF BUSINESS OR
10		1	BALTIMORE		628 N.	BRICE ST	REET	~		LABORER			HEM STEEL
ND 212	24 hoursteam must be	13	OUAL RESIDENCE (# NURS D. STATE MARYLAND	13b. COUN		136. CITY OR TOW BALTIMOR	N	13d. INSIDE C	ITY LIMITS?	13e.STREET ADDRES	S / ZIP CODE	28 N. AND 2	BRICE ST.
YLA		14	FATHER'S NAME			LAST			S MAIDEN NA				
MARYLAND	be apple		john		BERT	PLEASANT		ID/	FIRST	LEE		COL	
	to See See See See See See See See See Se	16	WAS DECEASED EVER			166. SOCIAL SECU	RITY NO.	17. INFORMA	NT	628 <sup>pt</sup>	NESS BRIC	E STRE	ĒΤ
WO	Pog Per		(YES, NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	213-07-0	068	Mrs. Al	lice Wo	mble BALT	IMORE.	MARYLA	ND 21217
r., BALTIMORE,	physicia npopers moval.	F	18 CAUSE OF DEAT PART I. DEATH W		lly one couse per D BY TE CAUSE (o)	line for (o), (b), on	d (c).)	tire le	asth	Beleso		METWEEN	MATE INTERVAL ORDET AND DEATH
PRESTON ST	ding orbo			IMMEDIA	DUE TO, O	DAS CONCENTRA	Acre	4	. /	0	10		
STO	death ottend ave co itian, o		Conditions, if ony	, which	(b)	dilales	Long	estry	· call	domoro	th		FILE.
3	by the o		gave rise to im- cause (a), statu underlying cause	mediate ng the	DUE TO, O	RAS A CONSEQUI	ENCE of		1	//	0		
RDS, 201	equires t n signed Then ple to burio injury, or	1		NIFICANT	CONDITIONS C	ONTRIBUTING TO I	DEATH BUT	NOT RELATED	TO THE TERM	NINAL DISEASE OR CO	ONDITION GIVE	N IN PART 1	0
DIVISION OF VITAL RECORDS,	bo. hos bee prior ene prior	7	19a. DATE OF OPERA	TION	19b. COND	OITION FOR WHICH	OPERATIO	N WAS PERFO	PRMED	200 AUTOPSY?	IN CERTIFY	WERE FINDING CAUSES	
ATIV	ysicie cote onsit Hygi		21a. ACCIDENT WAS UN	la la	110110 1		VEAR	21c. HOW IN	JURY OCCUR	RED (ENTER NATURE OF	NJURY IN ITEM 18 PA	RT 1 OR PART 2)	
OF	ICIAR a ph errifii iol-tr ntol l	1	OR CONTRIBUTING			.M. MONTH D	19						
O	HYS nding his contraction		21d. INJURY OCCUR		21e. PLACE	OF INJURY	ADM STC 1	211 LOCATIO	NC	CITY OF	RIOWN	COUNTY	STATE
IN IS	offer the steed riked	1	WHILE NOT WE	DRK DRK	(ATTIOME, ST	REEL, PACIONI, OFFICE, P	ARM, ETC. J						
۵	LOJI S. Af		22a I certify that (I	(this hospi	tol) ottended th	he deceased from_			_, 19	, to	, 1	9	that (I) (we) lost
	ATTE ASPIRO CTO J for n 21		sow the deceas above, (I) (we) (	ed olive on did) (did no	t) view the body	ofter death	, or	id that in (my)	(our) opinion	death accurred on the	dote and haur	ond from the	causes stated
	DR he he he ter ter		226. SIGNATURE		N	100001	1	DEGREE	ATTENDING .	MEDICAL S	TAFF	22L DATE	SIGNED
	Te et a		Nor	hP	n	office	-	1-2.	PHYSICIAN 4	DIRECTOR PHY	SICIAN	7/1	9/06
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	5 € 5 € 3 <del>₹</del>	23	BURIAL, CREMATION,	REMOVAL	23b. DATE	23c. 1	NAME OF C	EMETERY OR	CREMATORY	23d. LOCATION		colam	STATE
	BP		BUR I	AL	4/15/	1986 CE	DAR H	ILL CEM			BALTI	MORE,	MARYLAND
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	(VRA 15, 4)	2	501 GWYNNS	FALLS	PKWY.	BALTIMORE	, MD.	21216	A	PR 1 5 198	8 Seilie	hevidan	Pandate



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	1-	STATE REGISTRAR	ME	DEPARTMENT OF					061	
05554	TE	EASED NAME FIRST	7712	MIDDLE	TER 3	LAST		REG. NO.	NTH DAY YEAR	76 HOUR
warment	- In	OR PRINT)	oh.	5.	הון ה	ab + a	OF DEATH	ESTI-		
10 45	1.56	Josej A RACE	S. DATE OF BIRTH	6. AGE (IN Y	EARS IF UN	chta IDER 1 YR. IIF UNDER		MON	4/ 30/19 86	
AL DIRECT YOUR I	Im	ALE WHITE	MONTH DAY	YEAR LAST BIRTHO	AY) MONT		MIN PRONOUN		11201 05	24 HOUR 6:35
9	170 8	IRTHPLACE (STATE OR	76 CITIZEN OF W		RS.		. O BAITIAA		4/30/ 1986	AM
NEW YORK	M	DREIGN COUNTRY)	110	2 1		ED NEVER MARR	IED S			
0	Z 111	ARYLAND ITY OR TOWN OF DEATH	II NAME OF HO	SPITAL, NURSING HOM	WIDOW			Itimore (	CLTY, DRK 12b. KIND OF BU	MD.
20		Baltimore	(IF NOT IN SUCH F.	S. Lakevood		2	EOR MOST OF WORL	(ING LIFE)	OR INDUSTI	RY
	USU	AL RESIDENCE (IF IN NURSING HOME					LVELIV	= 0		221
81	130. S	ADVINIO 136 COUN		BALT IMO	_	13d. INSIDE CITY LIMITS? YES K NO []	13e. STREET ADDRE	SSIANTIAL	100	24
-	1111	ATHER'S NAME		IRALI IIIIO	KE	15. MOTHER'S MAIDE	1519 5.	LAKEW	DOD AVE	
8	1	TILANDADA	MIDDLE	PLICHTA		FIRST	· · · · · · · · · · · · · · · · · · ·	DDLE	DUC ALL	
-	1160.	WAS DECEASED EVER IN U.S. AR	MED FORCES?	166. SOCIAL SECURIT	TY NO.	MARYAN,	NA	ADDRESS	WAR	1211.
1	0	(IF YES, GIVE	WAR OR DATES)	212-01-0	297	IFON T	Olicuta	50 9	1 AVENDO	AVE
		18. CAUSE OF DEATH (Enter on	ly one cause per lin	15 01°0	all	LECK 1.	FICHIA	017 0.	APPROXIMATE	EINTERVAL
i		PART I DEATH WAS CAUSE	D BY:		lorot	ic Cardiov	andulas D		BETWEEN ONSE	
GENE D		IMMEDIA	TE CAUSE (o)	R AS A CONSEQUENCE		ic Cardiov	asculat D.	LSease		
FOR STANDARD	20	Conditions, if ony, which								
NIA		gave rise to immediate cause (a) stoting the under-	DUE TO, OF	R AS A CONSEQUENCE	OF					
N.		lying cause lost.			0,					
2	-	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	MINAL DISEAS	F DR CONDITION GIVEN IN PA	PT 1 (a)			
	Z	Parkinson's Di								
1 -	CERTIFICATION	190. DATE OF OPERATION		TION FOR WHICH OPE	RATION W	AS PERFORMED?			20. AUTOPSY?	,
NR C	F	W TEST PURCH	SINT OF						YES 🗆	NO 🔯
-	18	210 EXTERNAL CAUSE WAS	21b. TIME O		21c HC	OW INJURY OCCURRE	D (ENTER NATURE OF INJ	URY IN ITEM 18 PART 1 C		THE SALE
-		UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH P.A	A. MONTH DAY YEA	K					
PRIC	MEDICAL	71d INJURY OCCURRED	21e PLACE	OF INJURY (AT HOME,		CATION				
2	2	WHILE D NOT WHILE DAT WORK	] STREET, FAC	TORT, PARM, ETC.)		TREET	CITY OR TOV	<b>'N</b>	COUNTY	STATE
D, 2		22a I certify that I took charg	a of the remains de	scribed above hald	Autap		- D In-	X and in m	-276-7	
Z			ral causes X,		vicide				ny apinion	
DEATH, WITH THE STATE DEPARTMENT OF HE ORE, MARYLAND, 21201 PRIOR TO BURIAL,	103	Natu	di cooses Lasi,	The state of the s	rciae V	, Hamicide	Undetermined mo	nner		
. 3	4	ACTUAL	8	1	/		L_MEDICAL EXAM	DA	ATE 4/30/	06
AFTER DEATH, BALTIMORE, M.	7	SIGNATURE	1	V	M	V. ASSISLAII	MEDICAL EXAM	INEK SK	GNED 4/30/	00
ZEK.	-	(TYPE OR PRINT) Gre	egory R. J	Kauffman, M	.D.	ADDRESS_	lll Penn S	St.		
BAI	23a. B	URIAL, CREMATION, REMOVAL		23c. NAME OF CE			23d. LOCATION			
	B	LIRIAL	4386	St. STA	NISI	AUS CEM	RAITIM	DRE	COUNTY	ATE .
-	24. F	UNERAL DIRECTOR	ADDRESS	2525	LIE		REC'D. BY REGISTRAL		'S SIGNATURE	
5))	KA	ZOROWSKI FU	NERALH	ME 2300	21224	T. M.	AY 5 198	6	mer - pancie	ioe.

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		1		STATE OF MARYLAND	
00-	02611	1.	FOR STATE REGISTRAR	CERTIFICATE OF DEATH  CERTIFICATE OF DEATH	1061
	bed		CEASED NAME JOHN	A DATE OF BEATT	2 86 816 M
1_	Page 4 may director, per haurs offer	3. SE	nale	4. RACE S. DATE OF BIRTH White The Month DAY YEAR TO THE YEAR TO YEAR THE YEAR TO YEAR	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
	the Table		COUNTRY)  OH10	76. CITIZEN OF WHAT COUNTRY? B. MARRIED   NEVER MARRIED   9 BALTIMORE CITY OR COUNTY WIDOWED   DIVORCED   C; +4	OF DEATH MD.
[0]	by the iled will be the	1	BA 1 to	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCK PACIFITY, GIVE STREET ADDRESS)  LEY (ITCLE DIFFSION HTTME ODD 1005)	176. KIND OF BUSINESS OR INDUSTRY.
BALTIMORE, MARYLAND 2120	24 hour	USU. 13a. S	AL RESIDENCE I IF NURSING HOME OF		UN Knows
MARYL	ompletely for and short	14 FA	THER'S NAME FIRST UNICHOWN	MIDDLE LAST FIRST WIDDLE MIDDLE	LAST
IMORE,	n and co		VAS DECEASED EVER IN U.S. AF (ES, NO OR UNKNOWN) (IF YES, GI		-7611
ST., BALI	physicis npoper moval.		PART I. DEATH WAS CAUSE	oly one cause per line for (a), (b), and (c).) DBY: TE CAUSE (a) Good in ful menary great	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
W. PRESTON	death ce attending ove corb ition, or r		Conditions, if any, which gave rise to immediate	DUE TO, OR AS A CONSEQUENCE OF (b) NEO Brody (cliffels is)	
201 W. PR	that the d by the lease rem ial, crema		cause (a), stating the underlying cause lost.	due to, or as a consequence of Periculeur de Port N. I.	
	quires signe hen p to bur ijury.	NO.		CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIV	
AL RECO	The law re-	CERTIFICATION	190 DATE OF OPERATION	YES NO YE	
DIVISION OF VITAL RECORDS,	iYSICIAN. The Is ding physician. is certificate has burial-transit per Mental Hygiane or Item 18 sharm	MEDICAL CE	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DAY YEAR P.M. 19	ART I OR PART 2)
DIVISION	the the ond	MED	WHILE NOT WHILE AT WORK		ST. COOKLAD
	A P P P P P P P P P P P P P P P P P P P		saw the deceased alive ar above, (1) (we) (did) (did no	at) view the bady after death.	
	TAL OR ATT by the hospi RAL DIRECT detoched for tote Dept. of		Julale.	M. Short DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN W	22. DATE SIGNED
	TO HOSPITAL Cretained by the TO FUNERAL Eshauld be detoined with the State CIMPORTANT: If		DR. GUL	AB. M. SHAH 2105. N. CHARLES ST	21218-
	BP	1	SURIAL, CREMATION, REMOVAL	H-H-1991 SACRED HEART OF BOIT MORE	COUNTY MARYLAN
	DHMH - 16 50M 4/83 (VRA 15, 4)	24 F	JNERAL DIRECTOR  NAME  VANS CHAPS	LOFMENDRESS HARFORD APRO 4 1986 a	RAKS SICOMORPHICA

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Chicago Contraction

1901

Eastern Ave

lly & Zeiler Inc.

(VRA 15, 4)

STATE OF MARYLAND

- STATE

REGISTRAR

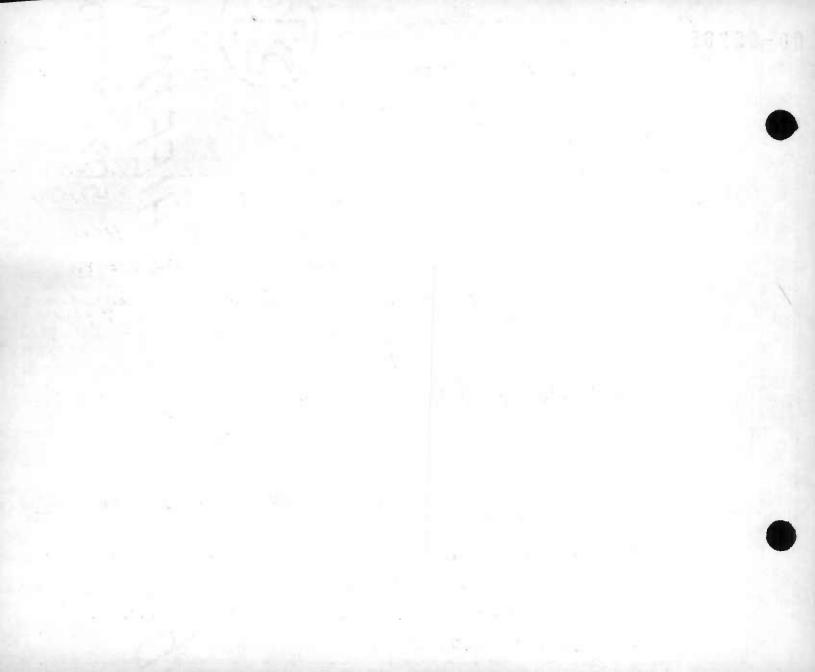
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

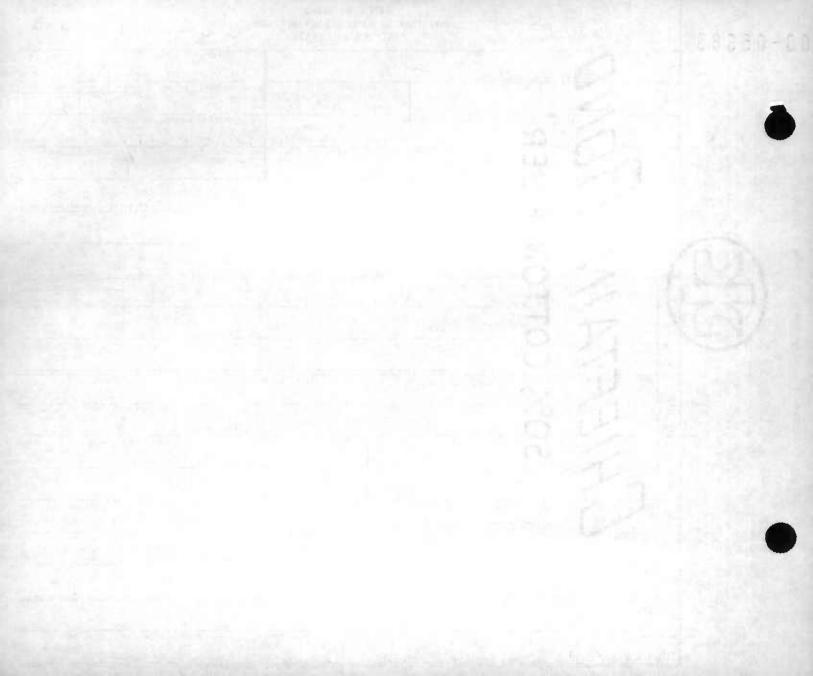
OCT BETTER JOHN YOTH CARROLL USA CETTY ENGINEER CITY FRANCIS SCOTT KET WELLES CELTRE FRANCE MARYLAND CHASE WITHER AND H - MANSON SHELL SHOW THE SHOW R SHIE B NO. LICK THE TOUGHT ON THE PORT PERSONAL AND ECRIAL HITTER BAPTIST CHECK PORTDERS TO CEETL DEDIS LEE A. PAITERSWASSIN PRINCIPLE PULL

		1	EOB.			DEDAR		OF MARYLAND	AL HVCI					
0 -	02931	1.	FOR STATE REGISTRAR			DEPAR		EALTH AND MENT		B	REG. NO.	1	1	0 6 4
			CEASED NAME	FIRST		MIDDLE	(	AST		20. DATE OF D		ONTH (	DAY YEAR	26. HOUR
	e 4 may be tor, page 3 ofter death			JICY	Ţ	7.	POR	TER		APRTI.	7. 1	986		1:50 a
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	th. P.		RTHPLACE (STATE OR F			WHAT COUNTR	MARRIE	D NEVER MARRI		9. BALTIMOR	E CITY OR	COUNTY	OF DEATH	
	9		TY OR TOWN OF DEA		U. S		WIDOWE	DIVORC		Balt.	imore			OF BUSINESS OR
10	by the filled with		altimore		(IF NOT IN SUC	CH FACILITY, GIVE STRE	EET ADDRESS)	Hospital		(TYPE OF WORK F		WORKING LIFE	E) INDUSTR	
212	din Hour	JUSU	AL RESIDENCE (# NURS	ING HOU OR	OTHER INSTITUTION	GIVE RESIDENCE BEF	ORE ADMISSION)	ADMISSION)			12. STREET ADDRESS			21236
AND	22 1 20		MD.		LTO.	BALTO	· .			156 (	HAPE	ELTO	WNE	CIRCLE
BALTIMORE, MARYLAND 2120	pletely nd 2 st	M. F.	ATHER'S NAME	YETT	MIDDLE	ISLER		15. MOTHER'S MAIL		OCHE	MIDDLE			LAST
m,	comple Comple	16a \	WAS DECEASED EVER			166 SOCIAL SE	CURITY NO.	J7. INFORMANT	<u> </u>	V-11C	ADDRES	S		
MOR	Poges Poges	1	YES, NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)			Mrs Diano	xL.h	sittle	-140	6A	Hadw	ick
ALTI	e b		18. CAUSE OF DEAT	H (Enter or	nly one couse per	line for (o), (b),	ond (c).)		-		174		8ET WEE	OXIMATE INTERVAL EN ONSET AND DEATH
	physicating physic		PART I. DEATH W	AS CAUSE	D BY:			cinoma of	the	Pancre	35			nths
S N	ding brbo or re			0707120171		R AS A CONSEC						- 125		
ESTC	deotl atten ove c frion,		Conditions, if any,		(b)_									
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2	d by leose iol, cr		underlying cause	lost.	(c)									
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ORC	been sirmit. The prior to ony inju	18	Pne	umon.		ITION FOR WHI	CH OBERATIO	N WAS PERFORMED		20g AUTOP	SY2	20h JE VES	WEDEFINI	DINGS USED
DIVISION OF VITAL RECORDS, 201	hos by perm ene pr	CERTIFICATION	DATE OF OPERA	ION	178 COND	THOM FOR WITH	CHOPERATIO	IN WAS FERI ORMED			NO	IN CERTIF		SES OF DEATH?
/IIA	She Sire or	EN P	21a. ACCIDENT WAS UND				WE-18	21c. HOW INJURY	OCCURR					
OF	SICIAN: ng physical certificol riol-fron entol Hy them 18		OR CONTRIBUTING (IF EITHER NOTIFY MEDI		NIII	M. MONTH	DAT TEAK							
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SI VIS	0 # 2 # a a	2	AT WORK NOT WH	RK -	(AT HOME, ST	REET, PACTORY OFFIC	E, FARM EIL							
۵	(1 (1)		22a.l certify that (x)	(this hospi	ital) attended th	ne deceased from	Marc		86		pril_	7		_, that (Ka) los
	R ATTEN hospital IRECTOR hed for u ept. of Ho		saw the decease obave, (IXwe) (c	d olive on lid) (d <b>.K.</b> X.	April X view the body	after death.		nd that in (My) (our)	opinion d	eoth occurred	on the dot	e and hou		
	0 + 0 00 +		22b. SIGNATURE	1	P			DEGREE ATTEN	IDING	MEDICAL	STAFF			TE SIGNED
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	HOS Ined Wild b		WILLI	-	TAN,	MD		220. ADDRESS	V 7 71 NT	CENED	7.7 40	CDTM	n r	
	of of with	230	BURIAL, CREMATION,	REMOVAL	236. DATE	1 23	t. NAME OF C	C/O MARS		23d LOCAT		SE I I'A	14	
	BP		SPECIFY BURIAL	-	4-10			MEMORIAL		and the same	LTO.	Mr.	COUNTY	STATE
	DHMH - 16 50M 4/B2		UNERAL DIRECTOR							REC'D. BY RE		Sb. REGIST		ATURE
		1 1	CIAME .	~	DEAT H	ADDRES!					Gu un	1 0	B	-

(VRA 15, 4)



	1	Items 139.	- 13E.	STATE OF MARYLAND		
-05385	1	THEMS 139. FOR 5-6-86 PER REGISTRAR D	T phone DEPARTA	CERTIFICATE OF DEATH	GIENE B O REG. NO.	1000
0 3 3 0 0		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH DA	YEAR 26. HOUR
page 3	(17)	Babu L	Bou Post		4-20	0-86 74
	3. SE	x N	RACE	5. DATE OF BIRTH  MONTH DAY YEAR.	6. AGE (IN YEARS LAST BIRTHDAY)	FUNDER I YEAR IF UNDER 24 H
ge 4		Male	White	4- 20- 86	YRS	1 2
debth, Portent of thin 72 hours		COUNTRY) Galto. MD	6 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Balto, Cit	OF DEATH
S offer the College of the College o		ITY OR TOWN OF DEATH	St-Agnes Hu	G HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS INDUSTRY
filled in outd be	13a	AL RESIDENCE (IF NURSING HOME OR O'STATE			13 STREET ADDRESS / ZIP CODE 8373 (FTO VE A	nole Rd, 2109
ompletely and 2 sh	14. F	ATHER'S NAME FIRST MI	IDDLE LAST	15. MOTHER'S MAIDEN NA		LAST
n and cor Pages 1		WAS DECEASED EVER IN U.S. ARMI YES, NO OR UNKNOWN) (IF YES, GIVE V	NED FORCES? 166 SOCIAL SECU	RITY NO. 17. INFORMANT	ADDRESS	
ath certificate ending physici i carbon poper n, or remayol matic event, th		4-1-17	one cause per line for toly one BY: CAUSE (a) DUE TO, OR AS A CONSEQUE	VNATURI NCEOF	79 00 -	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
of by the officers of the offi		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	(b)	<u> </u>		
Signe September	Z	PART 2 OTHER SIGNIFICANT CO	onditions <u>contributing to b</u>	DEATH BUT NOT RELATED TO THE TERA	AINAL DISEASE OR CONDITION GIVE	N IN PART 11a
Deemst T	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, IN CERTIFY	WERE FINDINGS USED ING CAUSES OF DEATH?
COAN TO PAYOUT T	/1	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR 21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PAI	
G PHYSI otherday or the bur ond Me ked or b	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FA	211 LOCATION	CITY OR TOWN	COUNTY STAT
A A A A A A A A A A A A A A A A A A A	13	220.1 certify that (1) (this hospita	al) ottended the deceased from_	, 19	, to, 1:	9, that {It (we)
Had Base		saw the deceased live an obove (1) (we) (did nat)	view the bady after death.	, and that in (my) (aur) apinion	death accurred on the date and hour	and fram the causes states
At OR of the both the both the Dept of the		226. SIGNATURE CENEN	a m.w.	DEGREE  ATTENDING PHYSICIAN (	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
TO HOSPITA efectived by TO FUNES should with the		226. PHYSICIAN'S NAME (TYPE OR P	PRINT)	22e. ADDRESS		
P = 2 € ₹ ₹	23a.	BURIAL, CREMATION, REMOVAL (SPECIFY)	23b. DATE 23c N	IAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
DHMH - 16 60M 7/B4	24. F	UNERAL DIRECTOR		25a. DA	TE REC'D. BY REGISTRAR 25b. REGISTR	
(VRA 15, 4)	Hu	bbard Fun'l Ho	ome, 4107 Wil	kens Ave.	V. 0 1986 Subjection	industrial replacements



FOR - STATE REGISTRAR DECEASED NAME PE OR PRINT

Female

ID. CITY OR TOWN OF DEATH

Norway

Maryland 4 FATHER'S NAME

B. BIRTHPLACE (STATE OF FOREIGN

Baltimore

**AAGOT** 

SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE 136 STATE

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

18 CAUSE OF DEATH (Enter only one cause per lin PART I. DEATH WAS CAUSED BY:

LOT

White

76 CITIZEN OF WE

USA

1. NAME OF HO

DUE TO, OR A

4. RACE

MIDDLE

LIF YES GIVE WAR OR DATES!

IMMEDIATE CAUSE (a),

	PHYSICIAN. The low requires that the death certificate be executed within 24 hours after tending physician.	the certificate has been signed by the attending physician and completely filled in by the
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SHOW OF VITAL MELCANDS, JOS W. PRESTON ST., BALLIMONE, MAKTANNO 21203	PHYSICIAN The Hending physician	3
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	M p	- 3
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4	F 8	4
2	F - F	-

DEPARTN	ENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENES 6	067
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LEN	POT		APRIL 14,19	- 1 M
	5. DATE C	ıst 22,1899		FUNDER I YEAR IF UNDER 24 HRS
AT COUNTRY?	8 ************************************	□ NEVER MARRIED □	9 BALTIMORE CITY OR COUNTY	OF DEATH
	WIDOWE		Baltimore C	ity MD.
SPITAL, NURSING ACILITY GIVE STREET A YORK F		ROTHER INSTITUTION	178. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Homemaker	12b. KIND OF BUSINESS OR INDUSTRY
E RESIDENCE BEFORE  C. CITY OR TOWN  Baltimo	٧ .	13d. INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS / ZIP CODE 6107 York Ro	1. 21212
Jacobsen		15. MOTHER'S MAIDEN NAM	ME MIDDLE	LAST
b SOCIAL SECUI	RITY NO.	17 INFORMANT	ADDRESS	
20-07-17	704	John McGuigar	n Same	
e far (a), (b), and	(c)	, -	V-3-12-15	BETWEEN ONSET AND DEATH
erebrel	1	senloses		innediate
S A CONSEQUE		la drugfie	early,	5 year

	gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF	presery.	V year
NOI	PART 2. OTHER SIGNIFICANT CO	enter Caroling to DEATH BUT NOT RELATED TO THE		DITION GIVEN IN PART 110
TIFICAT	198 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
CER	21g. ACCIDENT WAS UNDERLYING		CCURRED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I OR PART 2)

220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive ad TRIL abave, (1) (we) (did) (did not) view the bady after death 22b. SIGNATURE

DEGREE ATTENDING

MEDICAL STAFF
DIRECTOR PHYSICIAN

and that in (my) Dour) apinian death accurred an the date and haur and fram the causes stated

CITY OR TOWN

22c. DATE SIGNED

STATE

Walter R. Welzant, M.D.

22e ADDRESS

211 LOCATION

6100 York Rd. 21212 Baltimore, Md.

23a. BURIAL, CREMATION, REMOVAL (SPECHTY) Burial

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

21d INJURY OCCURRED

WORK NOT WHILE

Apr. 18,1986 Friends Burial Ground Baltimore City, Maryland

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

23¢ NAME OF CEMETERY OR CREMATORY

23d LOCATION

DHMH - 16 60M 7/84 (VRA 15, 4)

FUNERAL DIRECTO ould be detached to thinke State Dept. of

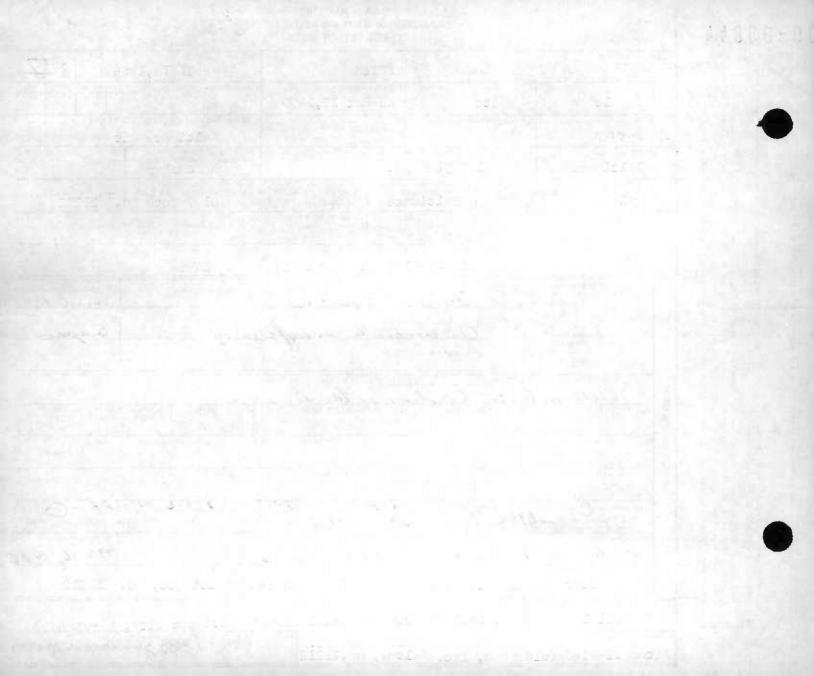
ORTANT

24 FUNERAL DIRECTOR Mitchell-Wiedefeld Home, Inc. Balto., Md.21212

P.M

21e. PLACE OF INJURY

COUNTY



			- 44						MARYLAND								
			TATE						I AND MEN		- C		1		) (	5 8	
10 - 02	939		REGISTRAR		WEI		EXAMIN	ER'S	CERTIFICA	ATE OF	DEATH	4-	REG. NO.	-			
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Ž.	DE OFFE	3. SEX	4	1. RACE	5. DATE OF BIRTH	VEAR	6. AGE (IN YE.			FUNDER 2		DATE		ONTH	DAY	YEAR	2d HOUR
\ <u>`</u>	NS NS	MA	ALE	WHITE		1900	85 YE		HS DAYS F	HOURS		NOUNCED DEAD		4	3	1986	12:26
SA	AL YAL	7a. BIR	THPLACE (STA	ATE OR	76 CITIZEN OF WH	IAT COUN		9	IED   NEVE	D A ADDIE	9. B/	ALTIMORE	CITY OR C	OUNT			
E SE	E 5 FOR YOUR FILES.  E) WITHIN 72 HOURS  I W PRESTON STREET,			D.	U.S.	Α.			=	DIVORCE	B		nore C				MD.
	SE S	10. CIT	Y OR TOWN C	OF DEATH	11, NAME OF HOS			, OR OTI	ER INSTITUTIO	ON	12a. USUAL C	OCCUPATION OF WORKING	ON (TYPE OF V	WORK 1	2b KIN	ID OF BU	SINESS
603	AFF		Baltim	ore	yard - 2			y Av	e.		MAIN			E			ALLEY
1 2 2	- SED	USUAI 13a. ST	L RESIDENCE (		OR OTHER INSTITUTION, GIV	E RESIDENCE			134 INSIDE CITY	imires li	3e STREET A	DDDESS					
1	<b>一声がある</b>	130. 31	MD	and the second second	and the same of th	BA	LTIMO	RE		NO 🗆			tuck	y A	ve.	. 21	213
. A	A 23.2	14. FA	THER'S NAME						15. MOTHER	'S MAIDEN							
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NO NO	DA O		AS DECEASED	EVER IN U.S. AR			IAL SECURIT	NO.	17. INFORMA				DDRESS 1	7 ~	200	- 0+	
, BALTIMORE, MD. RS AFTER DEATH. II	FUDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND THE FU MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 5. AS A BURIAL - TRANSIT PERMIT. PAGES 1 (AND 2/8HOUTD BE FILED. VEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS—801 W. CREMATION, OR REMOVAL.	{YE	s, no, or unknov unkn		WAR OR DATES)	215-	-10-2	330	Lorra	aine	King	(fr	iend		bei	n Ct	 MA
JRS JRS	S A S		18. CAUSE OF	DEATH (Enter an	ly one cause per line	for (a), (b)	, and (c).)								API	PROXIMATE	INTERVAL FAND DEATH
TS ST	L NEW PAGE		PARTIDEA	ATH WAS CAUSED	D BY: TE CAUSE (0)G	insho	t woun	d of	head (	(hando	min)				BEIW	EEN ONSE	AND DEATH
101	966			INVICUIAI	DUE TO, OR						3						
E SE	ER NSI			s, if any, which											-		
W. W	NIT NEW			to immediate stating the under-	DUE TO, OR	AS A CON	SEOUENCE (	OF.									
20 JEED	N. AAA	100	lying cous	e last.	1												
S. J.	AAL BANDAND		PART 2 OTHER SIG	NIFICANT CONDITIONS	CONTRIBUTING TO DEATH I	BUT NOT RELA	TEO TO THE TERM	INAL DISEA	SE OR CONDITION G	IVEN IN PART	1 (a)				-		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST S GERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOU	ORD "PENDING" CHIEF MEDICAL BE USED AS A BUR IT OF HEALTH AND	Z		(3)						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1 10.						
<b>RE</b>	EA A A B	CERTIFICATION	190. DATE OF	OPERATION	196 CONDIT	ION FOR	WHICH OPER	ATION V	VAS PERFORME	ED?					[20 A	UTOPSY?	
VITAL RE	SA PER S	FIC														-	Only
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IVISION OF	E STATE OF THE STA		UNDERLYING	OR IG CAUSE OF I			- 1986		lf-infl								
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D SH	PAG 212		AT WORK	AT WORK	x ya	ra		Hea	06 Kent	Lucky	Ave.,	Balto	).				
ä	NE SE CATE		22a. I certify	y that I taok chorg	e of the remains des	ribed aba		Autor	SSY ZZ	Inspection	L. In	quiry	ond in	ту ори	nion		
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₹ 0			TYPE OR PRIN	TUHI .	M. Dixon,				ADDRESS				lto.,	M	21.	201	
2	@ \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	23a.BU	RIAL, CREMAT	ION, REMOVAL 2		23c. N	AME OF CEA	AETERY C	OR CREMATOR	tY .	23d. LOCAT	ION wn	= 1500	COUNT	Υ	ST	ATE
07/84 E	3P		Crema		4/5/86		reenmo						more			Md	
25M	DHMH - 17	24. FU			Funera					O. DATE RE			Sh REGISTRA				W_
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	1	Film G614 item 16	bb	STATE OF MARYLAND		
00700	1	FOR 4/28, 1986 rja	DEPART/	MENT OF HEALTH AND MENTAL HYC	GIENE 8 6	1069
0-012729	1	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
4		CEASED NAME	MIDDLE	LAST		DAY YEAR 26 HOUR
/	LIAB	E OR PRINT)	SILILA	P Paginto	01-0	CD/150D.
6 00	3.58	v ·	RACE	5. DATE OF BIRTH	6. AGE (INYEARS LAST BIRTHDAY)	IF UNDER 1 YEAR OF UNDER 23 MRS
4 14		- 1	^	MONTH DAY YEAR		MONTHS DAYS HOURS MIN.
A 11	-	zmale	Cave.	12 05 02.	83 YRS	
6 23 1/6	7a. B	SIRTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY?	MARRIED D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
	/	SIRTHPLACE (STATE OR FOREIGN TOUNTEX)	U.S. A .	WIDOWED DIVORCED	Balto. City	MD.
2 - 2		ITY OR TOWN OF DEATH		IG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	12b. KIND OF BUSINESS OR
2 5 50 T/	R	altimore	GNOT IN SUCH FACILITY, GIVE STREET		U.S. GOVT.	Retired
2 2 2		IAL RESIDENCE (IF NURSING HOME OF O	THER INSTITUTION GIVE RESIDENCE BEFORE			
9 3/4	13a	STATE 134 COUNT	13t. CHYOR TOW	IN 13d. INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP CODE	(1) -//
3 119	No. E	ATHER'S NAME	HINGIC DOIT	15. MOTHER'S MAIDEN NA	14123 KINSWO	4/3111900.
A TOP		FIRST	DDLE LAST	FIRST	_MIDDLE	LAST
2	40	unknow			uriknown	
A TOP	160	WAS DECEASED EVER IN U.S. ARMI			ADDRESS	
Poor of		(YES, NO OR UNKNOWN) (IF YES, GIVE V	245-07-01	80 Emmett G. Pa	ddison 4123 Kinsv	vay 21206
# 2 SE #/		CAUSE OF DEATH (Enter only	ane cause per line far (a), (b), a	d IC+		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
The same		PART I. DEATH WAS CAUSED	BY:	is-Dalmong	vy arrest	
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2 1 1 1 1 1	2	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO I	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIV	EN IN PART Ita
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0 10 10	15	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED		YING CAUSES OF DEATH?
A	1				YES NOT YE	S NO
5 23 512 B C	CERT	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH DA	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 P	ART   OR PART 2)
8 55 55 1	13	OR CONTRIBUTING CAUSE OF DEATH	P.M.	19		
N C C C C C C C C C C C C C C C C C C C	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	211. LOCATION		COUNTY STATE
25 24 44 25	2	NOT WHILE	(AT HOME STREET, FACTORY, OFFICE, F	ARM ETC ) STREET	CITY OR TOWN	COUNTY STATE
a Market		22a.1 certify that (1) (this hospita	l) attended the deceased from			19, that (1) (ve Nast
N D B S F S		sow the deceased alive on_	4/5	11/	death accurred an the date and hau	1)
The state of the s		abave, (1) (we) (did) (did nat) 22b. SIGNATURE	view the bady after death.	DEGREE		
A SANGE		220. SIGNATURE	nh	ATTENDING	MEDICAL STAFF	221 DATE SIGNED
A 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		1/2		PHYSICIAN [	DIRECTOR PHYSICIAN	1413/36
HOSPIT and by FUNER UID BE CHANGE THE SECONTAIN		220 PHYSICIAN'S NAME HYPE ORE	PRINT) - NA-6	7 - 22e ADDRESS	(	
Part B		(ATATA	) NATO			
5: 54:3-			23b DATE 23c 1	NAME OF CEMETERY OR CREMATORY	23d LOCATION	
RP.	В	Urial	4-7-86 M	Oreland Cem.	Balto. I	Balto. Md.
V 2	24 F	UNERAL DIRECTOR			E REC'D. BY REGISTRAR 25b. REGIST	
DHMH - 16 60M 7/84		hn C. Miller Inc	. 6415 Belair	d. 21206		
(VRA 15, 4)					NO 1 1086	wandalist

	1	500				E OF MARYLAND			in,	1 12
0-02874	1.	FOR STATE REGISTRAR		DEPART		ICATE OF DEATH	REG. NO	D.	J	7 0
		CEASED NAME FIRST		MIDDLE		AST	20. DATE OF DEATH	MONTH DAY		b. HOUR
moy be poge 3 er deoth		MICHA	EL P	eter	86	ROCHAK	- 3	14 03	86	5 AM
m po ter o	3. SE	X	4. RACE		5. DATE O		6. AGE (IN YEARS LAST BIR	HDAY) IF U		FUNDER 24 HRS
ector rs of		Male	Cau	casian	Apr		64	YRS.		Mile
Po dir		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF	DEATH	
deoth.		Ohio		S.A.	WIDOW	DI DIVORCED	Baltimo			MD.
d with	10. C	ITY OR TOWN OF DEATH		HOSPITAL, NURSING FACILITY, GIVE STREET		OR OTHER INSTITUTION	12a USUAL OCCUPATE		2b. KIND OF I	BUSINESS OR
- 0 0 0		Baltimore		Sinai Ho		1	Baker		Mariti	me Serv
d be	13a	AL RESIDENCE (# NURSING HOME STATE 13b. COL	OR OTHER INSTITUTION	13c CITY OR TOW	'N	1	13e STREET ADDRESS		21	201
III 2		Maryland		Baltimo	re	YES NO	701 Cathe	dral St	reet	
MARYLAND 2120 ed within 24 hours mp erry filled in by and 2 should be fill filled in by	1	FIRST	MIDDLE	LAST	.1.	FIRST	WIDDLE		LAST	
	160.3	John WAS DECEASED EVER IN U.S. A	PMED ECDCES?	Proch		Rose	ADDRE	SS	PT	ots
cate be executively by sicion and the medical and, the medical and, the medical and, the medical and, the medical and the sicion and the sici		YES, NO OR UNKNOWN) (IF YES, C	GIVE WAR OR DATES)	277-12-		Daneen L. Pro	W .		al St	21201
S. P. Be		Yes  18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE)	WII	1		Daneen L. FI	ochak, 701	Cachedi		ATE INTERVAL
DIVISION OF VITAL RECORDS, 201 W. PRESTON 21, NO PHYSICIAN. The low requires that the death certific ratending physicion.  The this certificate has been signed by the attending phast the burial-transit permit. Then please remove carbonp th and Memal Hygiene prior to burial, cremation, ar remained and memal Hygiene prior to burial, cremation, ar remained or term or the 18 shows any injury, ar ather traumatic every and the property of the prope		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	(b) DUE TO, C	DR AS A CONSEQU	TAT ENCE OF	1c PROSTA				
RDS, R	NO NO	PART 2 OTHER SIGNIFICANT	CONDITIONS C	ON I KIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DIFION GIVEN	N PARI Ita	
he low reconstruction.  hos been to permit.  iene prioritorious any in the prioritorious and int	CERTIFICATION	190 DATE OF OPERATION	19h COND	OITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WIN CERTIFYING	G CAUSES O	
SICIAN: T ag physici certificate ential-transitions ential Hyg		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN	DEATH HOUR A	.M. MONTH D.	AY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART T	OR PART ?)	
Official of PHY offer this os the but hand M orked or orked or	MEDICAL	216. IN JURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC )	21f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
VITENDI spitol or CIOR: A for use of Heal	h	220.1 certify that (1) (this has saw the deceased alive a above, (1) (we) (did) (did it	on	19		nd that in (my) (aur) apinion o	, to death occurred on the do	19_ ate and hour on-		at (I) (we) lost uses stated
AL OR AL DIRE ho AL DIRE detoched bit Dept IT: If Item		226. SIGNATURE	2	>	M	ATTENDING PHYSICIAN	MEDICAL STAR	FIANCE	220 DATE ST	GNED /16
TO HOSPITA retoined by TO FUNER should be d with the Sto		KARL I	DALM	AN	left)	SINAL	112041	AL -	BACT	IMOR
5 6 5 # 3 ₹	23a.	BURIAL, CREMATION, REMOVA	AL 236. DATE			EMETERY OR CREMATORY	23d LOCATION	r.c	UNTY	STATE
BP		Cremation	4/7/	86	Green	Mount Cremato	ry Baltin	nore		MD
DHMH - 16 50M 4/83	24. F	TEWART & MOWEN			AVE.	21201 25a. DAT	REC'D. BY REGISTRAR		S SIGNATUR	

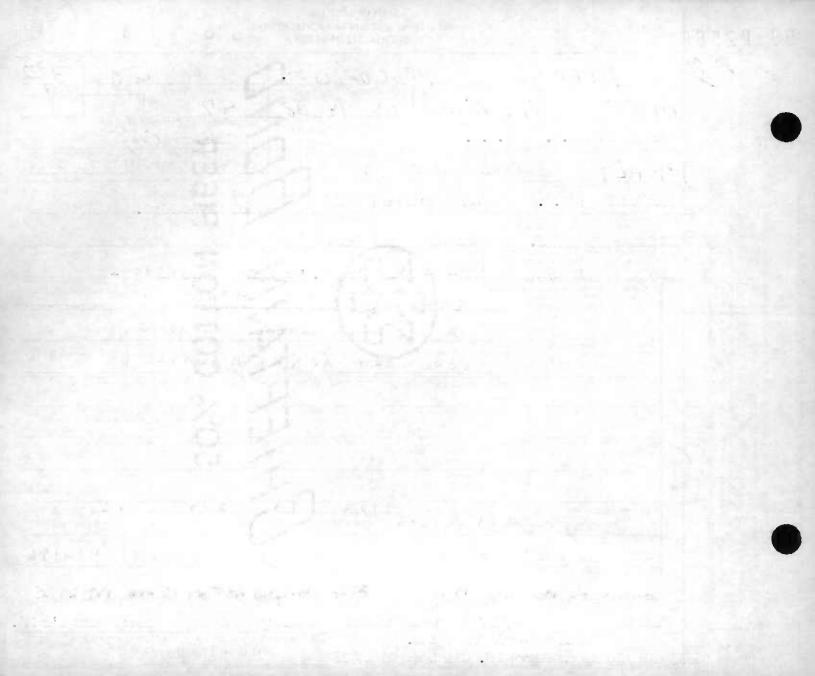
TRA . IS lives out of the . wron met one new new .. PEDR COMMONS LUITE - 177-12-7555 Camena L. Procuett, 701 Cathedrell St. 21103 Translation windship House Cross Mount Caucatory Dollars

THANKS AND THE STREET AND STREET

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XN	I. DE	CEASED NAME FIRS	Т	MIDDLE		AST		REG. N 2a DATE OF DEATH	MONTH DAY	Y YEAR M	A HOUR
(C)	1	ORPRINTI MIFE	NSO		Dear	10.0	Jr.	4	2	76	33
*	1.5E		1. RACE		5. DATE O	OF BIRTH	/	AGE (IN YEARS LAST BIR	THDAY)	LINGER LYEAR IN	LINDER ON
1	n	ALE		CASIA	MONT	OAY / G	38	47	YRS.	NINE DAYS ON	HOURS MA
11	la Bi	RTHPLACE (STATE OR FOREIG		OF WHAT COUN	TRY2 8	107		BALTIMORE CITY		F DEATH	-
1	W	ashington, D.	C. U.	S.A.	WIDOWI	D X NEVER N	ORCED	Baltimor	- 40 10	5	
11	)0 C	TY OR TOWN OF DEATH	1 L NAME	OF HOSPITAL, NU	JRSING HOME (	OR OTHER INST	NOITUTI	120 USUAL OCCUPAT	ION DE WORKING LIFE	126. KIND OF B	BUSINESS
Port	13	BALT	Sia	ni Hospi	tal			Builder	, romano en e,	Constr	uctic
TE	J5U. 3a	AL RESIDENCE (IF NURSING HOSTATE	ME OR OTHER INSTITUT	TION, GIVE RESIDENCE	BEFORE ADMISSION)	13d. INSJDE CI	TY LIMITS?	3e.STREET ADDRESS	/ ZIP CODE	9114	
Fil	M	aryland 13 E	•G.	Camp S	prings	YES 🗗		6200 Davis		207	46
19	]4. FA	ATHER'S NAME	MIDDLE	LAS			MAIDEN NAM	E MIDDLE		LAST	
00	A	lfonso	J.	Procopi		Rose	IK31	w.pore		Greco	
h	16a V	VAS DECEASED EVER IN U.	S. ARMED FORCE	S? 166 SOCIAL	SECURITY NO.	17. INFORMAL	NT	ADDR	SS		
1		VO	N/A	577-50	-0642	June W	Proco	nio Same	as 13	Δ-E	
		18. CAUSE OF DEATH (Em				TO COLOR				APPROXIMA BETWEEN ONS	ATE INTERVAL
			AUSED BY: EDIATE CAUSE (a)		RDIOR	ESPIRA	YNOTH	ARRES	T		
		114444		O, OR AS A CONS							
		Conditions, if any, which			UTE	myoc:	AKDIA	L INFI	9KCT101		
		gave rise to immedia cause (a), stating th	te I	O, OR AS A CONS		1					
		underlying cause los	1 (0)	(01	ONAY	A YS	RTER	4 DISEM	3 6		
2		PART 2. OTHER SIGNIFICA	ANT CONDITIONS	SCONTRIBUTING	TO DEATH BUT	NOT RELATED	TO THE TERMIN	NAL DISEASE OR CON	DITION GIVEN	IN PART 11a	
_	CERTIFICATION	CREAT LINE	_	-							
a	A A	190 DATE OF OPERATION	19b. CO	NDITION FOR W	HICH OPERATIO	N WAS PERFO	RMED	200 AUTOPSY?		WERE FINDING	
/	E	_		who were	-			YES NO	YES		NO 🗌
6		210. ACCIDENT WAS UNDERLYIN	110110	E OF INJURY	DAY YEAR	21c. HOW IN	IURY OCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM 18 PART	T I OR PART 2)	
9	CAL	OR CONTRIBUTING CAUSE	OF DEATH	P.M.	19						
1	MEDICAL	21d. INJURY OCCURRED		CE OF INJURY	FICE FARM FTC	211. LOCATIO	N	CITY OR TO	WN	COUNTY	STAT
	2	AT WORK NOT WHILE	]		THE PARTY LIVE	La Visa					
		220.1 certify that (1) (this	hospital) attended	d the deceased fo		23	19 9 3	_, to 2/5	. 19	Y 6_, the	at (I) (we
	1	saw the deceased ali abave, (1) (we) (did)	ve on	adv after death	19 86 0	nd that in (my) (	(aur) apinion de	eath occurred an the d	ate and hour a	and from the car	uses state
-		22b. SIGNATURE	11.	^		DEGREE				22c. DATE SIG	GNED
1		14	AN.	celm		A P	HYSICIAN X	MEDICAL STA	FF CIAN [	141	418
T	1	226 PHYSICIAN'S NAME	TYPE OR PRINT)			22e ADDRESS				131111	
		Gurber H	Vachnar	" DID		189ain 1	Woodyan	d Rd # m	Chata	DID.	FLUE
-	23e. f	BURIAL, CREMATION, REMO			23c NAME OF C			23d. LOCATION	CHILD	, 11/1	NO. 13.
	В	urial		05/86	Resurre	ection C	'emeter	Clinton	Prin	ce Geore	ge state
(D.)	24 FI	UNERAL DIRECTOR Lee						REC'D. BY REGISTRAR	Ter projere.		-
<sup>784</sup>		Old Alexander				20735	1	apro4198	2 Junes	ARS SIGNATUR	EPESTAN
66	50	OTO VIEWING	TETTA I	we CITH	WII, I'IU	20133			M		



	1	Sept. 12, 1984	ed tuta	- Le
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	Sales	des Innon in	Good Sammin	ile
wa. Mar	3049 Liestwood	x promi	tles -	in the state of th
		'elli'U	) <u>~</u>	1,18106

-10-86 Holy Print by Austin

Caller W. Lours, H.D. . E. Brown duly

73		FOR STATE REGISTRAR			ARTMENT OF H	OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	S O REG. N		10	7 3
death death	-	Oil effici)	lillard	MIDDLE	P	roffitt	20. DATE OF DEATH	4-	5-86	5:27am
10	Ma.		White		S. DATE C		6 AGE (IN YEARS LAST BE	RTHDAY) YRS.	MONTHS DAYS	
	Vi	RTHPLACE ISTATE OR FORE COUNTRY)  rginia  TY OR TOWN OF DEATH	U.S.A	١.	MARRIEI WIDOWE	NEVER MARRIED DIVORCED DIR OTHER INSTITUTION	9 BALTIMORE CITY	ose (	126. KND	MD OF BUSINESS OR
1127	USU.	Itimore	Francis	SCOTT	Key Med	ical Center	Shipping	Clerk	Vals	par Corp
133	Ma		COUNTY Baltimore	Dunda Dunda		13d INSIDE CITY LIMITS?  YES □ NO ▼  15 MOTHER'S MAIDEN N	1775 Inve			21222
2 puo	El	bert	WIDDLE	Proff:	itt	Ruth	MIDDLE		Chap	ast oman
11/12			U.S. ARMED FORCES? FYES, GIVE WAR OR DATES)  WW II	1300	8-6370	Anna A. Pro	ADDR ffitt		as 13	e
signed by the other hers please remove a to bund, cremption, jury, or other traum.	NO	Conditions, if any, wi gave rise to immed cause (a), stating underlying cause	hich (b) DUE TO, C	OR AS A CONS	ischen EQUENCE OF	NOT RELATED TO THE TER	Arrent.	VDITION GIV	/EN IN PART	lto.
topermit in permit in perm	CERTIFICATION	19a DATE OF OPERATIO	N 196 CONE	DITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	S, WERE FIND FYING CAUSE S []	INGS USED S OF DEATH?
certificate insplicant tental hyg them 18 st	MEDICAL CER	21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	SE OF DEATH HOUR A	.M. MONTH	DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJ	URY IN ITEM 18 1	PART 1 OR PART 2)	
ther this in the b it good is prived or	MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	LAT HOME ST	OF INJURY PREET, FACTORY, OF	FICE, FARM ETC )	21f LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
O FUNERAL DIRECTOR: At mandal be abroched for use a rith the Stost Clear of Health WPORTANT if New 21 a man		22a. I certify that (I) (thi	/\ .	ofter death.	19 86. on	d that in (my) (aur) opinior DEGREE ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STA	AFF \_/	ir and fram th	E SIGNED
0 4 4 4	1	URIAL, CREMATION, REA SPECIFY) rial	AOVAL 236 DATE 4/8/1	1990	1 0	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN Dorsev	Ног	county	Maryland

21 FUNERAL DIRECTOR Duda-Ruck, Inc.
P7922 Wise Avenue Dundalk, Maryland 21222

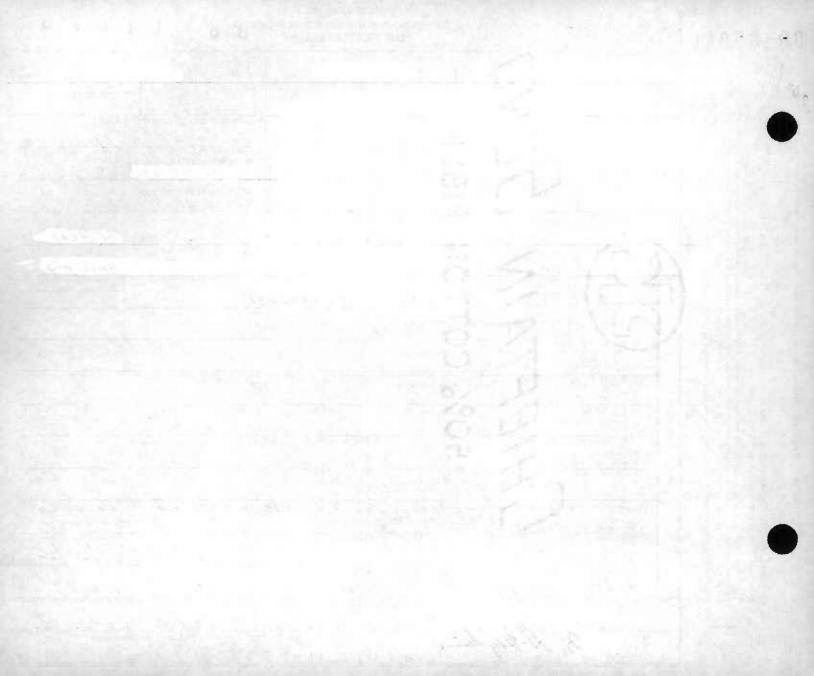
DHMH - 16 60M 7/B4 (VRA 15, 4)

CAE SU = a March Profess - Language - See 1 25 East 1 1 Balt were 61 ty

10-03992	FOR STATE REGISTRAR	DEPARTI	' STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 6 REG. NO.	1074			
	1. DECEASED NAME FIRST	MIDDLE	TAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR			
to decid	George	Lewis	Prout	4/12/1986	M			
	Male	Black	5. DATE OF BIRTH  8-18-1905	6 AGE (IN YEARS LAST BIRTHDAY)  80 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS			
1 / 10 Va	7a BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED X NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH			
1 11	New York	U.S.A.	WIDOWED DIVORCED	Baltimore City ME				
1 1 00	Baltimore	1505 N. Appleto	n Street	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF  Stock Clerk	12b. KIND OF BUSINESS OR INDUSTRY Clothing Store			
No of the second	Maryland 136 COU	PROTHER INSTITUTION GIVE RESIDENCE BEFOR INTY 136. CITY OR TOW Baltimor	P 13d. INSIDE CITY LIMITS? YES X NO	13e.STREET ADDRESS / ZIP CODE Baltimore, Md.	1505 N. Appletor 21217 St.			
MARY. 100	George	L. Prout	Sr: Martha	MIDDLE	Hall <sup>Ast</sup>			
TIMORE, De energy of Chouse De energy of Chous		RMED FORCES? 166 SOCIAL SECU IVE WAR OR DATES) 218-01-5		ut Baltimore,				
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST NUS PHYSIC LAN. The law requires that the diable cert- celledge physician.  Then this certificate has been signed by the attending as the burnal Homer permet. Then places remove carbon th and Mental Hygiene prior to burial, chemotian, or re- arried or them 18 shows any marry, or other traymatic c	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT  190 DATE OF OPERATION  210. CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	19b. CONDITION FOR THICH	DEATH BUT NOT RELATED TO THE TERM	YES NOT YE	WERE AND ING 9 USED YING CAUSES OF DEATH? S NO			
DIVISION OF ATTENDING PHYSICI during by the hoopidal or attending properties and the central designation of the central designati	21d. IN JURY OCCURRED  WHIE AND A WORK  120.1 certify that (1) (this hasp  saw the decease palive of	P.M.  21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	1/6 19 81	deoth occurred on the date and hau  MEDICAL STAFF DIRECTOR PHYSICIAN	19_86, that (II (we) last and from the causes stated  22c. DATE SIGNED  4//4/86			
RP.	230. BURIAL, CREMATION, REMOVA (SPECIFY) Burial	47	vame of cemetery or crematory rrison Forest Vet.	23d LOCATION CITY OR TOWN	timore. Md.			
DHMH - 16 60M 7/B4 (VRA 15, 4)	24NUTER PIRE TOSONS FU		25a. DA	R 18 1986 Julia L	RAR'S SIGNATURE			

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n – (	15125		1-	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE  MEDICAL EXAMINER'S CERTIFICATE OF DEATH)  REGINO. 0 7 5													
24×85+			). DE	CEASED NAME	FIRST	WIDDLE				LAST 20. DATE KNOWN			NOWN		DAY YE	AR 2b. HOUR		
			(TYP	OR PRINT)	Robert				Pii	lliam			OF DEATH			14/19 8	86 M	
		3 SEX	4. R/	ACE	5. DATE OF BIRTH		6. AGE (IN YE	ARS IF UN	DER 1 YR.	IF UNDER	24 HRS. 2	. DATE		MONTH		AR 24 HOUR		
	ZZ H ZZ			Male B	lack	1 6	37	49 YI	· I more	DAYS	HOURS	MIN. P	RONOUN	CED	1/	7 1 1/10 (		
	A AL D	7		RTHPLACE (STATE C		76. CITIZEN OF WH			-			V- 9		ORE CITY O	OR COUN	14/19 E		
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSARY, PLEASE EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FUNERAL DIRECTOR. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICALE EXAMINER ALONG WITH FORM PAGE 3 SHOULD BE FOR 3 SHOULD BE FOR 3 SHOULD BE FORD SHOULD		0		REIGN COUNTRY)	~ ~	U.S.			MARRIED NEVER MARRIED 19 BALLIMONE CITY OR				_					
			10 CI	Caroli TY OR TOWN OF D	EATH				NG HOME, OR OTHER INSTITUTION			12a USUAL OCCUPATION (TYPE OF WORK T				T126 KIND OF	26 KIND OF BUSINESS	
		0		2.11		(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)				FOR MOST OF WORKING (IFE)  Laborer						OR INDU	STRY	
DEL 3 TO N BE ROSS	-	USUA	Baltimo L RESIDENCE (IF IN	NURSING HOME O	1 804 N. Castle St.  DR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISS			i(ON)						2	1205			
	AND AND RETAIN RECO	35	13a S	Md.				Balto.		13d. INSIDE CHY LIMITS? 1:		830 N. Washing						
1	H. 2	2	14. FA	THER'S NAME		WIDDLE		LAST		15. MOTHER'S MAIDEN NAM			ME			ŁAST		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 2120. S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY RITING THE WORD "TO FUEL MINIOR AND MATCH SOME AND PART OF THE COME WITH	NA PES E	D		Spencer  66. WAS DECEASED EVER IN U.S. ARA (YES, NO, OR UNKNOWN) I LIF YES, GIVE			Pulliam			Lillian			C			Carver	arver	
	SE OP PER	1	16a. V			MED FORCES? WAR OR DATES)	166 SOCIAL SECURITY NO		Y NO.	17. INFORMANT				ADDŖESS				
	AF SIVE			No			217	-34 - 7	513	Mel	vin	Pull	iam	- Sa	me a	as #13		
	WIT. P			18 CAUSE OF DE	ATH (Enter on	ly one couse per line	far (o), (b)	, and (c).)								APPROXIM BETWEEN O	NATE INTERVAL	
	A HE HO	į		PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o) Fatty Liver														
	ALC ALC AND AND AND AND AND AND AND AND AND AND			6 100		DUE TO, OR	AS A CON	ISEQUENCE	OF _									
	A PER			Conditions, if any, which gave rise to immediate (b)														
	XAMIED W			couse (a) stating the <u>under-lying cause last.</u> DUE TO, OR AS A CONSEQUENCE OF  (c)														
	BE EXECT VDING" EDICAL S A BUR LITH AND		NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d).														
	FEA MED A	7	TY	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?									20 AUTOR	SY?				
	4 58 H 2 4	4	. H									YES C	NO 🕅					
	FICATE S THE WO O THE COULD BE RIMENT	3	AL CERTIFICATION	210. EXTERNAL CA	OR		INJURY MONTH	DAY YEAR	21c HC	W INJURY	OCCURRE	D (ENTERNA	TURE OF INJU	JRY IN ITEM 18	PART 1 OR P		<u> </u>	
	ERTI ED T EPA EPA PRIC		MEDICAL	216 INJURY OCCU	JRRED	21e PLACE C		(AT HOME,		TATION			CITY OR TOW					
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	SH S S S S S S S S S S S S S S S S S S			22a. I certify that I taak charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my opinion														
	A PER			death resulted fram: A Natural causes X, Accident , Suicide , Hamicide , Undetermined manner ,														
	DIE CER			ACTUAL ACTUAL TITLE (SPECIFY)														
	NECKE W			SIGNATURE	W.	The state of	W.	June	M.	D. ASS	istan	- MEDIC	AL EXAM	NER	SIGN		5/86	
	A S A S A S A S A S A S A S A S A S A S			EXAMINER'S NAM	AE													
	A FITTH A SECTION A SECTIO	4		(TYPE OR PRINT)		rgarita A.				ADDRESS_			enn S	St.				
07/8	BA RP		23a. Bl	PECIFY) Remo		4-18-8	23c. N	IAME OF CE	AETERY OF	RCREMATO	DRY	23d. LOC CITY OF	ATION		COL	UNTY	STATE	
25M	DHMH - 17		24 FL	INERAL DIRECTOR		ADDRESS		D - 1.			25a. DATE R	EC'D. BY R	EGISTRAF	25b. REG	ISTRAR'S	SIGNATURE		
	(VR A15 ME (5)	)		An	atomy	Board		Balto	)., [	id.	APR	29	1986	Felia	Davida	w- Pende	No.	
		-												7				



0 - 04397- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. MIDDLE 20. DATE OF DEATH 1. DECEASED NAME (TYPE OR PRINT) J. F 4. RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) 3. SEX MONTH YEAR emale 76 1910 7a. BIRTHPLACE 7b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland USA DIVORCED X SITY OR TOWN OF DEATH 1. NAME OF HOSPITAL NURSING HOME Binder Operator SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION IS STATE. 136 COUNTY 131 CITY OR TOWN Middle River 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Md. Balto. 902 Compas Rd. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Sarah Elmer Smith Atwell 17 INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (IF YES GIVE WAR OR DATES) 214-22-6315 Mr. George Purdy 4510 E. Joppa Rd. 21128 18 CAUSE OF DEATH Enter only one cause per PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED à IN CERTIFYING CAUSES OF DEATH? NOF Hygien 18 shov YES [ 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTE LATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d, INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE deceased from 36 220.1 certify that (1) (this haspital) attended the saw the deceased plive on, and that in (my) (aur) apinion death accurred an the date and have and from the causes stated abave, (1) (we) (did) (did nat) view the body after death. 226 SIGNATURE DECREE ATTENDING MEDICAL STAFF FUNERAL DIRECTOR PHYSICIAN MPORTANI 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS d b 24

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

FOR

Leonard J. Buck Inc. Baltimore, Maryland

Apr. 22, 1986

NAME OF CEMETERY OR

Westview Memorial

230. BURIAL, CREMATION, REMO

Cremation

24 FUNERAL DIRECTOR

23d. LOCATION

CITY OF TOWN

Catonsville

250. DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE

APR 2.2. 1986

Julia Davidson Transacce

Balto.

77: DATE SIGNED

2b. HOUR

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APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME EIRS1 20 DATE KNOWNY 7h HOUR (TYPE OR PRINT) ESTI-E 5 FOR YOUR FILES.
D, WITHIN 72 HOURS
W, PRESTON STREET, **JEANNE** OUINN DEATH MATED 4-6-86 19 5. DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE 2d HOUR PRONOUNCED DEAD 10:22 4-6-86 19 A BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED Baltimore City TAIN PAGE 5 UID BE FILED, V 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Baltimore UniversityHospital WY OUNTY 13d INSIDE CITY LIMITS? FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST LAST IM WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO. ADDRES: YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Barbituate intoxication IMMEDIATE CAUSE (a)\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES T NO T 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH CXOR UNDERLYING ingestion of drugs CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (ATHOME 21f. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN WHILE AT WORK Severna Park Maryland home Lakeview Circle PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST 220. I certify that I took charge of the remains described above, held an Autopsy Inquiry Inspection and in my apinion death resulted from Natural causes Accident Homicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE Assistant MEDICAL EXAMINER SIGNATURE 4-7-26 Margarita A. Korell, M.D. EXAMINER'S NAME 111 Penn Street TYPE OR PRINT BURIAL, CREMATION, REMOVAL 236, DATE 23d LOCATION 07/84 25AA 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE MUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5))

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DEPARTMENT OF HEALTH AND MENT.

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00-05263 CERTIFICATE OF DEATH REGISTRAR LAST DECEASED NAME TYPE OR PRINTS Lawrence F. Quinn 5 DATE OF BIRTH 3. SEX 4. RACE male **Black** 30 TO BIRTHPLACE I STATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY MARRIED MARYLAND U.S.A. WIDOWED IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTE BALTIMORE 1100 CLENDENIN STREET 3g. STATE 136 COUNTY BALTIMORE MARYLAND YES X 4 FATHER'S NAME 15 MOTHER'S MAID MICOLE QUINN GOR NER BIR 166 SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES 213144957 BLANCH 18 CAUSE OF DEATH (Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE to Canditions, if ony, which gave rise to immediate couse to), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TI CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 21c HOW INJURY 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE 22a. I certify that (I) this hospital) attended the deceased from (my) our) apinion death occurred an the date and hour and from the causes stated and that in abave, (1) (we) (d) new the body after death 22b. SIGNATURE ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 236 DATE BURIAL CITY OR TOWN COUNTY 5-2-86 GARRISON FOREST

DHMH - 16 60M 7/84

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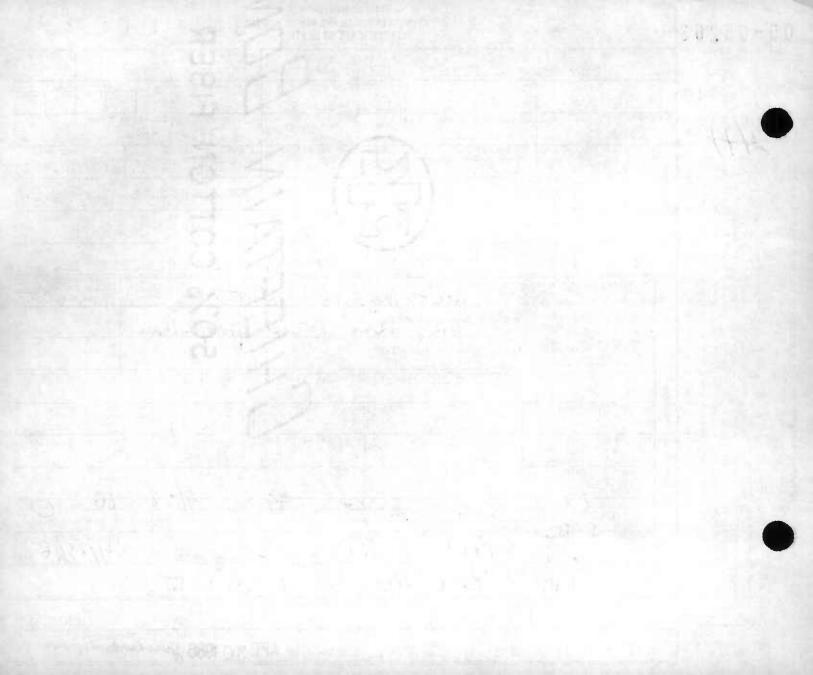
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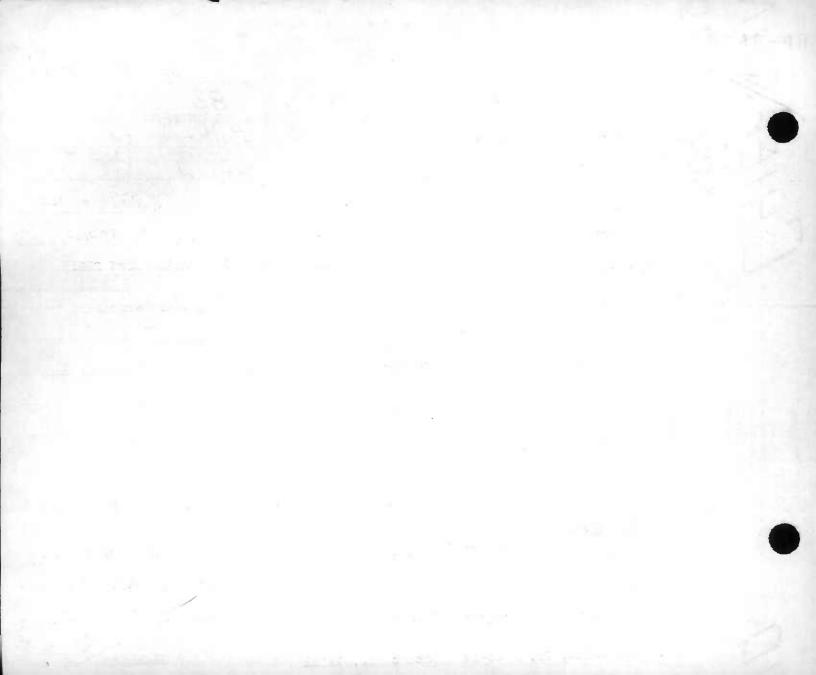
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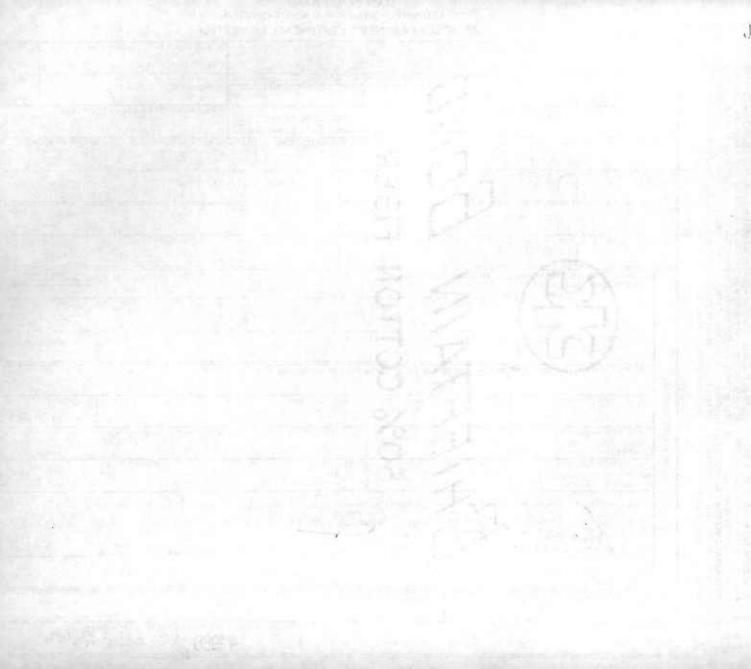


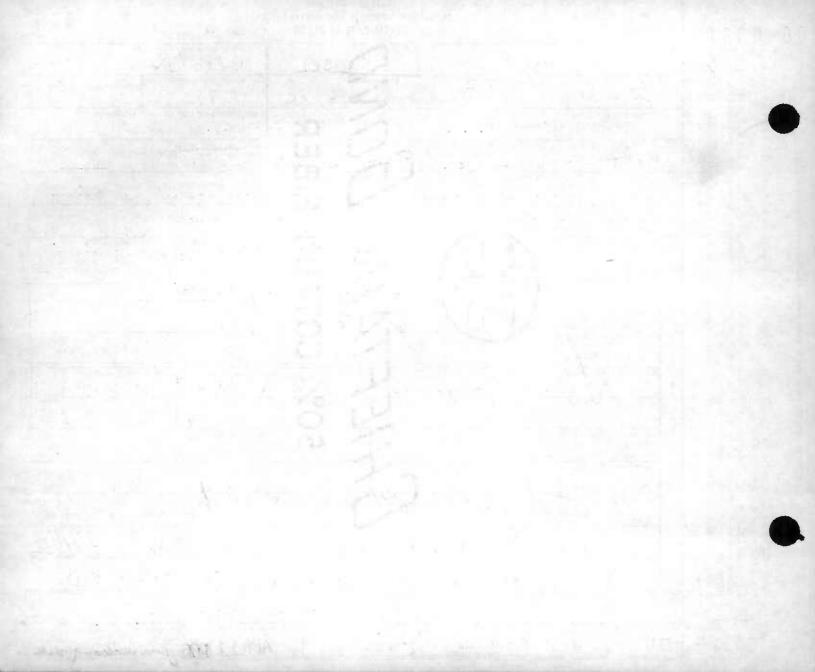
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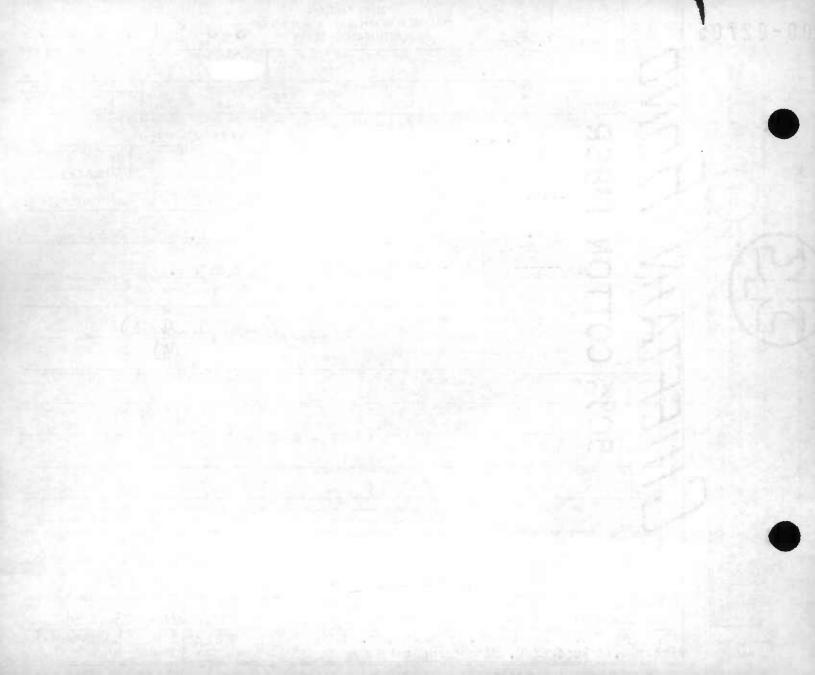
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	1	500		STATE OF MARYLAND		
E 2 0	1.	FOR STATE	DEPARTA	NENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 6	11086
5 6 9	1.05	REGISTRAR CEASED NAME FIRST	MIDDLE	LAST	REG. NO	
e ŧ		OR RRINT)	MIDDLE	LASI		ONTH DAY YEAR 26. HOUR
poge 3	3. SE	IDA	L. Duce	AY		· 22.86 5 PM
ofter p	3. SE	<u> </u>	4. RACE	DATE OF BIRTH  MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTH	DAY) IF UNDER 1 YEAR IF UNDER 24 HRS
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300		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED DEVER MARRIED	9. BALTIMORE CITY OR	COUNTY OF DEATH
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1 / Z	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	DDRESS)	120 USUAL OCCUPATIO	WORKING LIFE) INDUSTRY
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è -	14 F	ATHER'S NAME	SA BALT	YES NO 15. MOTHER'S MAIDEN NA	3316 W	FranklinsT 212
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noval.		18 CAUSE OF DEATH (Enter to PART I. DEATH WAS CAUSI	nly one couse per line lar (a), (b), and			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
bonpaper removal. c event, th			TE CAUSE (0) CARDIO	PULMONARY	ARRES	
or r otic			DUE TO, OR AS A CONSEQUE	NCE OF		
non,		Conditions, if any, which	( B) METASTI	ATIC BRETAIT C.	ARCINON A	
er fre		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUE	NCE OF		
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y, ar		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO E	EATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR COND	TION GIVEN IN PART 115
to b	NO					
prig	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20s. AUTOPSY7	20b. IF YES, WERE FINDINGS USED
Shaws	Ĭ				YES NOT	IN CERTIFYING CAUSES OF DEATH?  YES NO
18 5	18	210. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCUI	The state of the s	IN ITEM 18 PH 11 PR 2)
Item 18 s		OR CONTRIBUTING CAUSE OF DE		Y YEAR		
at t	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M. 21e PLACE OF INJURY	211. LOCATION		
edo	AE	WHILE I NOT WHILE I	(AT HOME STREET, FACTORY, OFFICE, FA		CITY OR TOW	COUNTY STATE
nark		-		2/10 10 8	6 41	
.2			itali attended the deceased from _	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	. 10	, 19 , that (I) (we) last
12			at view the bady after death		a death occurred on the date	ond hour and from the causes stated
Her		22b. SIGNATURE	2 4 5	DEGREE		224. DATE SIGNED
with the State D		pejmsi	7 /5	ATTENDING PHYSICIAN	MEDICAL STAFF	NXT 4/22/56
AN		224 PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS		7
MPORTANT		HLFonso	A- ORTIZ	3001 5 HER	OURRST BA	71more 21230
₹ 1	230 F	URIAL, CREMATION, REMOVAL		AME OF CEMETERY OR CREMATORY	1334 LOCATION	2/200
		SPECIFY) BURION	111-71-01 1	100 . 0 .	n mono	11 1/county / A STATE
	24 EI	INERAL DIRECTOR	107 60 1016	NGKIDGE CEN	11. 1117165	7711,10.0.
OM 7/84	10	2 NAME HILL	ADDRESS			b. REGISTRAR'S SIGNATURE
4)	KOK	JUNY 11-10 MKSGA	JT. T. 17/3 W.	PATE OF AP	R 2 3 1986	Acurdon Bondalle

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15550-00 E BEREITS TE BELL BEET SELECTION data C. 194

		FOR	DE		ATE OF MARYLAND F HEALTH AND MENTAL HYG	HENE						
02705	1-	STATE ROBERT L	Read		TIFICATE OF DEATH	8 5 REG. NO.	11088					
1		CEASED NAME FIRST RO			LAST READ	20 DATE OF DEATH MONT	4 DAY 5 YEA 86 26 HOUR					
y be		Robert	L.		Read	4	5 86 8 AM					
ge 4 moy be ector, poge 3	1:5E	m Male	4 RACE white		TE OF BIRTH DINTE 2 DAY 22 YEAR 33	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATE HOURS MIN.					
sofn. Pop n 72 hou	-	RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COU	MAR	RIED X NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH  Baltimore City						
the furd	10 C	ITY OR TOWN OF DEATH		URSING HON	AE OR OTHER INSTITUTION	120 USUAL OCCUPATION LITYPE OF WORK FOR MOST OF WOR Paston	12b. KIND OF BUSINESS OR					
24 hours		AL RESIDENCE (IF NURSING HOME OR STATE 13b COUNTY LAND	OTHER INSTITUTION, GIVE RESIDENCE	E BEFORE ADMISSE	13d. INSIDE CITY LIMITS?	13: STREET ADDRESS / ZJP 606 Winans Wo	01.000					
· [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [	14. FA	ATHER'S NAME	A VALUE	54.1	15 MOTHER'S MAIDEN NA	ME						
o poo		Leroy	P. Re	ad	Catherine	MIDDLE M.	Middleton					
e execut		YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	L SECURITY NO		ADDRESS						
e be	_	NO		24-7782	Alice Kead	Same as 13e.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
death certifica ottending phy: ove corbon por trion, or remove		Conditions, if ony, which gove rise to immediate  Cardiogulmanary ancet  Cardiogulmanary ancet  Conditions, if ony, which (b) rugo cardial infaction (cardiogenic back)										
that the d by the ease remain oil, cremain or other to		couse (o), stoting the underlying couse lost.	DUE TO, OR AS A CON	and the	enosderosis	RA	3					
equires n signed Then pl to burn injury, o	20	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTION	IG TO DEATH I	BUT NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITIO	DN GIVEN IN PART 110					
he low room. Thos bee the permit. The permit. The permit. The permit.	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR V	VHICH OPERA	TION WAS PERFORMED	20a AUTOPSY? 20b.	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \( \) NO \( \)					
physica physica rrifficote ol-tronsi itol Hygi		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA				RED (ENTER NATURE OF INJURY IN IT	EM 18 PART ( OR PART 2)					
G PHYSI offending er this ce the buri ond Mer	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY.		211. LOCATION	CITY OR TOWN	COUNTY STATE					
TENDIN itol or of OR. Aft or use os if Health		22a.1 certify that (1) (this hospi	4-5	- CX	ond that in (my) (our) opinion of	deoth occurred on the date ar	, 19, that (I) (we) lost and hour and from the causes stated					
OR AT he hosp DIRECT oched for Dept o		obove, (1) (we) (did) (did no	t view the body ofter death.		DEGREE ATTENDING	MEDICAL STAFF	224. DATE SIGNED					
HOSPITAL ned by t FUNERAL JId be del the State ORTANT:		224 PHYSICIAN'S NAME (TYPE O	R PRINT)	11	PHYSICIAN [							
TO HOSPITA retained by TO FUNER, should be d with the Sta	23- 5	S. BOLVO	1 1 11	122, NAME C	22 S. GULLA F CEMETERY OR CREMATORY	e St. Baltiv	not My					
BP	. (	SPECIFY) Chamation	1/9/86	Waster	inus Chamataka	CITY OR TOWN	le Maryland STATE					
DHMH - 16 60M 7/B4 (VRA 15, 4)	Le Le	UNERAL DIRECTOR 1630 Editory M. & Russel	nondson Ave. Cate LC. Witzke	onsville, Funeral	Md. 21228 250 DAY Home	E REC'D. BY REGISTRAR 256. R	EGISTRAR'S SIGNATURE 1					



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	-
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CHIL MUNCIFICAL TL	2
or attending physicion.	6
. After this certificate has been signed by the ottending physician and complete the contribute to the total page 3	9
se as the burial-transit permit. Then please remove carbonpaper - Form Land House Committee of Saffer death 🕜	b

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE & - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 20 DATE OF DEATH I. DECEASED NAME FIRST 2b. HOUR LITYPE OR PRINTS Fredrick Redelius 86 7:20005. DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 3 SEX 4. RACE MONTH DAY YEAR DAYS 28 Male White 9 BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE ISTATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? MARRIED & NEVER MARRIED WIDOWED DIVORCED Baltimore City Maryland 12h KIND OF BUSINESS OR ID CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) Balto. Warehouse Worker Warehouse Agnes Hospital USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION G 13c. CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? 1060 Parkslev Avenue Baltimore NO [] Maryland 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST Louis Edward 160. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO. 17 INFORMANT LIF YES GIVE WAR OR DATEST (YES. NO OR UNKNOWN) Frederick Redelius 7632 Mellor Ave. 21784 220-20-1125 YES WW II APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)
PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF CARCINOMA OF THE LUNG SQUAMOUS Canditions, if any, which gave rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Lig CERTIFICATION 20b. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES [ NO F 210. ACCIDENT WAS UNDERLYING 716. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) OR CONTRIBUTING T CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 MEDIC 211. LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OF TOWN COUNTY STATE STREET AT HOME STREET FACTORY OFFICE FARM ETC 1 NOT WHILE WHILE 220.1 certify that (1) (this hospital) attended the deceased from APK 07 saw the deceased alive on\_ and that in (my) (aur) apinion death accurred an the date and have and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death 22b. SIGNATURE DEGREE 27r. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 900 Caton Avenue Balto MD 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE CITY OR TOWN [SPECIFY] Garrison Forest Va. Cem. Owing Mills Baltimore Md.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE,

- Mondale

4/7/86

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

Burial

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/B4 (VRA 15, 4)

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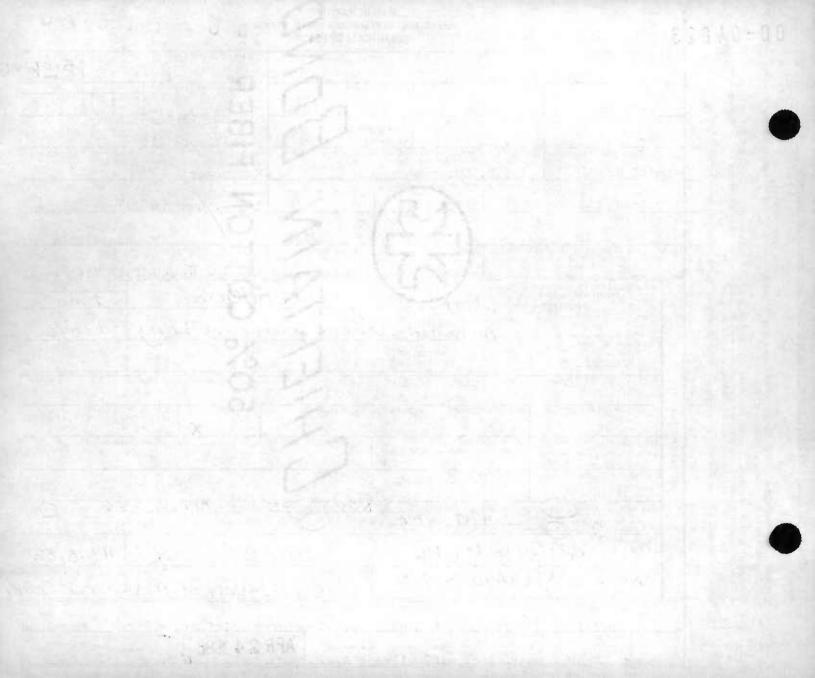
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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	J	FOR STATE REGISTRAR	DEPARTI	MENT OF HEALTH AND ME CERTIFICATE OF DE		ENE 8 6 1 1 0 9 0					
75.45		CEASED NAME EIRST	WIDDLE	LAST	0.00	20. DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR		
	(TYPE	OR PRINT)	CE MADTE	DEDMAN			/. 21	86	0000		
2/	3 SE	FLOREN X	CE MARTE 4. RACE	S. DATE OF BIRTH		6 AGE (IN YEARS LAST BIRT	HDAY) IF	UNDER I YEAR	IF UNDER 24 HRS.		
8		Famal a	T11. * .	MONTH DAY	YEAR			NIHS! DAYS	HOURS MIN.		
1	Vo. DI	Female	White 76 CITIZEN OF WHAT COUNTRY?	2 15	22	9 BALTIMORE CITY O	YRS.	EDEATH			
- KL		COUNTRY)		MARRIED NEVER MA	ARRIED	SALTIMORE CITY O	K COUNTI C	PDEATH			
-		Maryland	U.S.A	· · · · · · · · · · · · · · · · · · ·	ORCED [	Baltimor			MD.		
3	10. CI	ITY OR TOWN OF DEATH	<ol> <li>NAME OF HOSPITAL, NURSING (IF NOT IN SUCH EACILITY, GIVE STREET</li> </ol>		UTION	126 USUAL OCCUPATION OF THE OF WORK FOR MOST O		12b. KIND O INDUSTRY	F BUSINESS OR		
Col	В	altimore	145 N. Luzerne	Avenue		Homemaker			200		
900		AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE		V I FAATES	13e.STREET ADDRESS /	7IP CODE				
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1	_	ATHER'S NAME		15 MOTHER'S A	-		CINC A	venue	21224		
1			P. Grafto		7: -1 -	MIDDLE		LAS			
سيور	16a V	Benjamin  VAS DECEASED EVER IN U.S. AR/			Viola_	ADDRE	SS	navail	able		
of /		YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)								
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nt, th	-	18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED	y one couse per line for (a), (b), an		11.40	5-10.		BETWEEN	IMATE INTERVAL ONSET AND DEATH		
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£ 0		Conditions, if ony, which	( 16) Metaota						-1110		
ta burial, cremo njury, or ather tr	NO	gave rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUE	ENCE OF		ENOMA L	OITION GIVEN		2-mos		
ne prior ta buria	<b>TIFICATION</b>	couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	ENCE OF	O THE TERM	NAL DISEASE OR CONU	20b. IF YES, V	VERE FINDING CAUSES	NGS USED OF DEATH?		
shows any injury, or	CAT	cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUE  (c)  ONDITIONS CONTRIBUTING TO I  19b. CONDITION FOR WHICH  21b. TIME OF INJURY	ENCE OF  DEATH BUT NOT RELATED TO  OPERATION WAS PERFORM	O THE TERM	inal Disease or Cont	20b. IF YES, V IN CERTIFYII YES	WERE FINDING CAUSES	NGS USED		
18 shaws any injury, or	CERTIFICAT	COUSE (0), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT CO.  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	DUE TO, OR AS A CONSEQUE  ONDITIONS CONTRIBUTING TO I  196. CONDITION FOR WHICH  216. TIME OF INJURY HOUR A.M. MONTH D.	OPERATION WAS PERFORM  AY YEAR 216. HOW INJU	O THE TERM	200 AUTOPSY?	20b. IF YES, V IN CERTIFYII YES	WERE FINDING CAUSES	NGS USED OF DEATH?		
Item 18 shows any injury, or	CERTIFICAT	COUSE (0), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT CO.  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING (IF EITHER, NOTIFY MEDICAL EXAMINER)	DUE TO, OR AS A CONSEQUE  (c)  ONDITIONS CONTRIBUTING TO I  19b. CONDITION FOR WHICH  19b. TIME OF INJURY HOUR A.M. MONTH D.  P.M.	OPERATION WAS PERFORM  AY YEAR  19	O THE TERM WED JRY OCCURR	200 AUTOPSY?	20b. IF YES, V IN CERTIFYII YES	WERE FINDING CAUSES	NGS USED OF DEATH?		
or Item 18 shaws any injury, or	CAT	COUSE (0), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT COUNTY OF THE	DUE TO, OR AS A CONSEQUE  ONDITIONS CONTRIBUTING TO I  196. CONDITION FOR WHICH  216. TIME OF INJURY HOUR A.M. MONTH D.	OPERATION WAS PERFORM  AY YEAR  19  211 LOCATION	O THE TERM WED JRY OCCURR	200 AUTOPSY?	20b. IF YES, VIN CERTIFYII YES	WERE FINDING CAUSES	NGS USED OF DEATH?		
E Dept. of Health and Mental Hygiene prior to burion if Item 21 is marked or Item 18 shows any injury, or	CERTIFICAT	COUSE (0), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT COUNTY OF THE SIGNIFICANT	DUE TO, OR AS A CONSEQUE  (c)  ONDITIONS CONTRIBUTING TO I  19b. CONDITION FOR WHICH  21b. TIME OF INJURY HOUR A.M. MONTH D. P.M.  21c. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE.E.	OPERATION WAS PERFORM  AY YEAR  19  211 LOCATION  STREET  DEGREE  ATT	OTHE TERM  MED  JRY OCCURR  UT) Opinion of TENDING	200 AUTOPSY?  YES NO NOTION  CITY OR TOV  A DEATH OF TO THE COLUMN ACCOUNTED ON the do	20b. IF YES, VIN CERTIFY II YES	WERE FINDIN WERE FINDIN CAUSES COUNTY COUNTY	NGS USED OF DEATH? NO  STATE that (I) we lost causes stated		
E Dept. or Health and Mental Hygiene prior to borror if them 21 is marked or Item 18 shows any injury, or	CERTIFICAT	COUSE (0), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT CO.  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  220.1 certify that (1) (this hospit sow the decased always opover, (1) (red) (did) (did and opover)	DUE TO, OR AS A CONSEQUE  (c)  ONDITIONS CONTRIBUTING TO I  19b. CONDITION FOR WHICH  21b. TIME OF INJURY HOUR AM. MONTH D. P.M.  21c. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE. E	OPERATION WAS PERFORM  AY YEAR  19  211 LOCATION  STREET  DEGREE  ATT  ATT  ATT  ATT  ATT  ATT  ATT	OTHE TERM  MED  JRY OCCURR  I  LO B 5  I  I C B 5  I  I C B 5  I C B 7  I C	TO THE PHYSIC	20b. IF YES, VIN CERTIFY II YES	WERE FINDING CAUSES  COUNTY  And I com the	NGS USED OF DEATH? NO  STATE that (I) we lost causes stated		
PORTANT: If tem 21 is marked or Item 18 shows any injury, or	MEDICAL CERTIFICAT	COUSE (0), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT CO.  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING CO.  OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE AT WORK	DUE TO, OR AS A CONSEQUE  (c)  ONDITIONS CONTRIBUTING TO 1  19b. CONDITION FOR WHICH  21b. TIME OF INJURY HOUR A.M. MONTH D. P.M.  21e. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE. E.  bi) attended the deceased from 4 17 19 8  View the body after death  LEXANDER, FACTORY  PRINT!	OPERATION WAS PERFORM  AY YEAR  19  211 LOCATION  STREET  DEGREE  ATT  PH  22e ADDRESS	OTHE TERM  MED  JRY OCCURR  I  LRY O	INAL DISEASE OR CONE  200 AUTOPSY?  YES NOW  ED (ENTERNATURE OF INJUR  CITY OR TOV  MEDICAL STAF  DIRECTOR PHYSIC  ### PHYSIC	20b. IF YES, VIN CERTIFY II YES  VIN ITEM 18 PART  VIN TEM 18 PART	WERE FINDING CAUSES  I I OR PART 2)  COUNTY  Be and I rom the county  Cancer Ca	NGS USED OF DEATH? NO  STATE  that (I) we lost causes stated  SIGNED 23/86		
E Dept. or Health and Mental Hygiene prior to borror if them 21 is marked or Item 18 shows any injury, or	MEDICAL CERTIFICAT	COUSE (0), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT CO.  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  22a. I certify that (1) (this haspit saw the decased always obove, (1) (see) (did) (did not 22b. SIGNATURE)  22d. PHYSICIAN'S NAME (TYP) OR RUTH KANTOR	DUE TO, OR AS A CONSEQUION  (c)  ONDITIONS CONTRIBUTING TO IT  19b. CONDITION FOR WHICH  21b. TIME OF INJURY HOUR A.M. MONTH D. P.M.  21e. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, E  19 EVALUATION  (AT HOME STREET, FACTORY OFFICE, E  23b. DATE  23c. N	OPERATION WAS PERFORM  AY YEAR  19  211 LOCATION SIREET  DEGREE  ATT PH  222 Gree	OTHE TERM WED  JRY OCCURR  I  JP 85  UT) Opinion of  TENDING IYSICIAN EMATORY	NAL DISEASE OR CONE  200 AUTOPSY?  YES □ NO   ED (ENTER NATURE OF INJUR  CITY OR TOV  MEDICAL STAF  DIRECTOR □ PHYSIC  236 LOCATION  CITY OR TOWN	20b. IF YES, VIN CERTIFYII YES IN CERTIFYII YES IN TEM 18 PART IN TEM 18 PART IN TEM 19 PART IN	WERE FINDING CAUSES  COUNTY  BLOCK DATE  1 OR PART 2)  COUNTY  22c. DATE  4 / S  COUNTY	NGS USED OF DEATH? NO  STATE that (I) we lost causes stated		

Hubbard Funeral Home, Inc. 4107 Wilkens Ave

DHMH - 16 60M 7/B4 (VRA 15, 4)

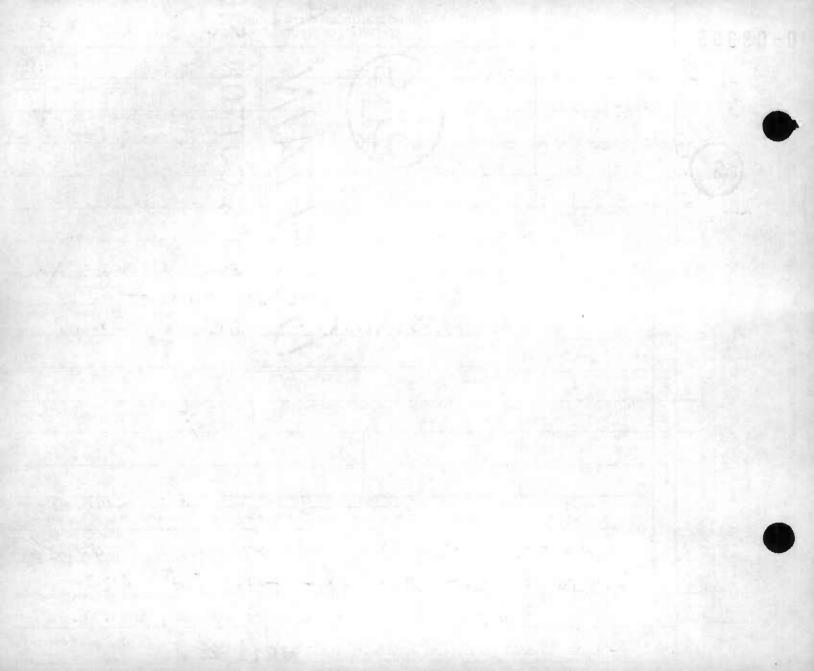


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05350	1-	STATE Parker M REGISTRAR	. Read		HEALTH AND MENTAL HYG FICATE OF DEATH	SIENE 8 6	).	0 9 1
2 7 19		CEASED NAME FIRST PARKER	MC COBB	B RE	ED LAST	Land	Z6	36 105/A
ster, po	3. SEX	Male	White		OF BIRTH  16. 16 1 1898	6. AGE (IN YEARS LAST BIRT		UNDER I YEAR IF UNDER 24 HR
1000	7a BI	RTHPLACE (STATE OR FOREIGN COUNTRY) Maine	76 CITIZEN OF WHAT CO	DUNTRY? 8. MARRII WIDOW	ED NEVER MARRIED	9 BALTIMORE CITY OF Baltimore	COUNTY O	
13/14	1/-	altimore	11. NAME OF HOSPITAL (IENOT IN SUCH FACILITY C Union Mem	L, NURSING HOME	OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Presiden		12b. KIND OF BUSINESS CONDUSTRY Pump Co
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		TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE STORE MARYLAND, 2	230	BURIAL, CREMA	TION, REMOVAL 2		23c. N	NAME OF CEMI	ETERY OR	CREMATO	RY	23d LOCATION		COUNTY	5.7	A TE
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(VRA 15, 4)

DIRECTOR PHYSICIAN Johns Hopkins Huptal-Baldimore 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) CITY OR TOWN Maryland Burial Holly Hill White Marsh 24 FUNERAL DIRECTOR Duda-Ruck, Inc. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Time Harreson-Mandales 7922 Wise Avenue Dundalk. Maryland 21222

STATE OF MARYLAND

2b. HOUR

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APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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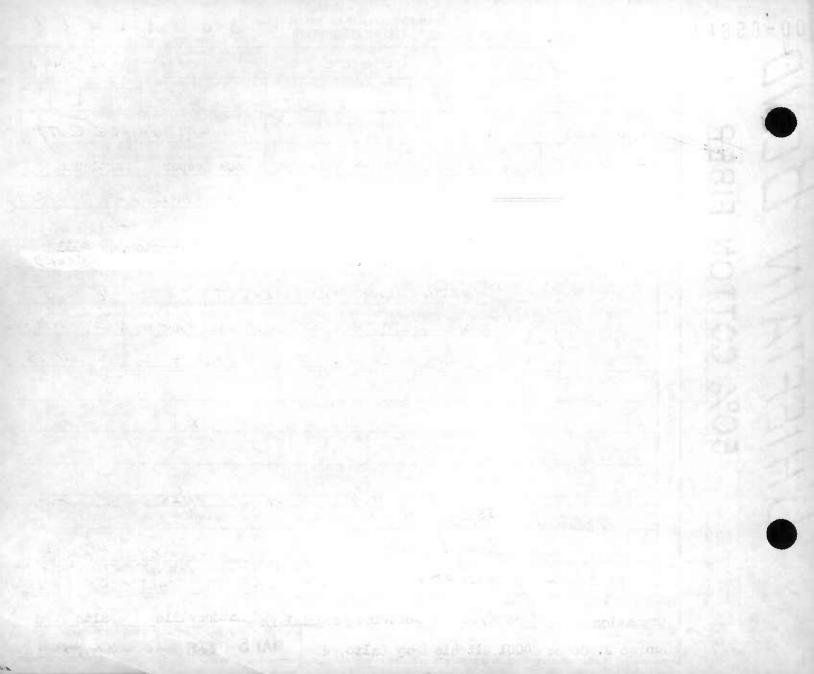
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pe 4 mby schor, pog s other de	1.58		1. RACE White	S. DATE OF BIRTH  MONTH DAY  10 21	YEAR 6. AG	E (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
ERE		MARYLAND	76. CITIZEN OF WHAT COUNT	MARRIED   NEVER M	ARRIED 9. BAI	BALTI	TY OF DEATH	TTYMD.
THE	10 CI	TY OR TOWN OF DEATH BALTIMORE	(IF NOT IN SUCH FACILITY, GIVES	RSING HOME OR OTHER INSTI	TUTION 12a. U	SUAL OCCUPATION OF WORK FOR MOST OF WORKING OOK Keeper		BUSINESS OR
and hard	130.5	MEICHIOI	ROTHER INSTITUTION, GIVE RESIDENCE B	FORE ADMISSION) TOWN TIMORE YES TO	TY LIMITS? 13e ST	REET ADDRESS / ZIP CO		21201
150	14 FA	THER'S NAME FIRST  GLEN	MIDDLE LAST		hoda	WIDDLE	DONO	IAN
Popel Popel		VAS DECEASED EVER IN U.S. AR	- Auto-	ECURITY NO. 17. INFORMAN	Ramsey 4	ADD Totalent 90 Patuxent	on, Md 23 Rd Box 5	1113
physics negative ment, the		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly ane cause per line far (a), (b ED BY: TE CAUSE (a) (ARD)	opulmoNAR	Y ARRE	ST		ATE INTERVAL NSET AND DEATH
ures, that the atten- igned by the atten- en please ramove or burst, cremation ory, or atter traum	z	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last  PART 2. OTHER SIGNIFICANT (	DUE TO, OR AS A CONSE	METASTATIC S	TACHY	CARDIA	5	DAYS
hos been a permit in the permi	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WE	TICH OPERATION WAS PERFOR			YES, WERE FINDING TIFYING CAUSES O YES []	
SECIAN SEC	1775	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	HOUR A.M. MONTH P.M.	DAY YEAR		NTER NATURE OF INJURY IN ITEM I	8 PART I OR PART 2)	
attendir the this on the burner is one W	MEDICAL	21d. INJURY OCCURRED  NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME STREET, FACTORY, OF	FICE, FARM, ETC )	N	CITY OR TOWN	COUNTY	STATE
CTOR A for user of Healt		220.1 certify that (1) (this hasp saw the deceased alive an abave (1) we (did) (did no	ital) attended the deceased from 128 at view the body after death.		, 19 <u>86</u> , to our pinian death o	occurred an the date and h		auses stated
AL DIRECTOR OF THE		22b. SIGNATURE	& Guard			DICAL STAFF	22c. DATES 4/2	S/86
tomed by to FUNER by the Signal and		22d. PHYSICIAN'S NAME (TYPE OF CHRISTINA	S GWOZD	22. S	GREENS	011/14/10	MED S TIMORE	MD 2120
BP 2418-		SURIAL, CREMATION, REMOVAL	23b. DATE 4/30/86	23, NAME OF CEMETERY OR CO Westview Memo:		LOCATION CITY OR TOWN Catonsville	Balto	STATE
		remation UNERAL DIRECTOR	1,70,00	HOS DATEM MEMO.	4 404	D. BY REGISTRAR 256. REG		W W
DHMH - 16 60M 7/84 (VRA 15, 4)	Ge	eorge J. Gonce	4001 Ritchie	Hewy Balto Md	MAY 5	1986 Gulia	Davidson-Po	indelise.



00-01	1589	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE  1- STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATED REGINO.  1 O O															
00 0		1. DEC	CEASED NAME OR PRINT)	E FIRST Ethel	MIDDLE LAS			ico	20. DATE KNOWN OF ESTI- DEATH MATED					DAY	YEAR	2b. HOUR	
7	PIECTOR.	3. SEX	emale	4. RACE Black	S. DATE OF BIRTH MONTH DAY 8/16/190	6 YEAR	6. AGE (IN YE.	ARS IF UI	NDER 1 YR.	IF UNDER :		2c. DATE PRONOUN DEAD	NCED	монтн 4	DAY 19	19 YEAR 1986	8:30 D M
6	S FOR WITHIN S FOR	Me		rg, PA.	USA			WIDOV	VED NE	DIVORCE		Bal	timor	e Cit	ty	DEATH	MD.
	STOTHER STOTHE		ry or town Baltin	ore		ILITY GIVE ST	nvale	St.	IER INSTITUTION 120. US			SUAL OCCUPATION (TYPE OF WORK RMOST OF WORKING LIFE) NUTSE			12b. KIND OF BUSINESS OR INDUSTRY		
.21201	AND 3	130. S	iaje Id.	13b. COUN	OR OTHER INSTITUTION, GIV	13c. CITY Ba.	OR TOWN	ON)	13d. INSIDE C	NO .	13e. STRE	19 W.	Lanv	ale S	St 21:	217	
RE. MD.	COS STA		THER'S NAME Jake	Young		LAST		Is MOTHER'S MAIDEN NAME FIRST Annie Stoner						LAST			
	AFTER SIVE PACE TH FOR YAGES I	160. V	VAS DECEASE ES, NO, OR UNKNO NO	D EVER IN U.S. ARI	MED FORCES? WAR OR DATES)	40/44				th St	Mercersb h Stoner 206 S. Fa				ury, Pa. yette St.		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	HOULD BE EXECUTED WITHIN 24 HOURS AFTER DE ROMENDING" IN PENCIL IN ITEM 18. GIVE FACE HEF MEDICAL EXAMINER ALONG WITH FOR USED AS A BUNIAL - TRANSIT PERMIT. PAGES IN DE HATTH AND MENTAL HYGIENE, DIVISION OF REMOVAL.	NO	Conditions, if ony, which gove rise to immediate cause (a) to the terminal disease (b).  PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).														AND DEATH
	SHOULD ORD "PER ORD "PER AN EUSED A TOF HEALURIAL, C	CERTIFICATION	190. DATE OF	OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?									20 AUTOPSY?			
	THE WO TO THE WO TO THE OULD BE ARTMENT OR TO BE	CAL CER	216. EXTERNAL CAUSE WAS  216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH  216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 19														
	HIS CERT WRITING VARDED AGE 3 SH AGE 2 SH ATE DEP	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE STREET, FACTO AT WORK				INJURY (ATHOME. 211 LOCATION STREET CITY OR TOWN					COUNTY STATE					
•	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD "YE PAGE 4 SHOULD BE FORWARDED TO THE CHIEF NO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED. AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL,		226. I certify the Pitook charge of the remains described above, held an Autopsy , Inspection X, Inquiry , and in my opinion death resulted trage: Natural causes Accident , Suiside , Homicide , Undetermined manner ,  ACTUAL SIGNATURE														
	BP PAGE	230.Bl		TION, REMOVAL		23c. N	AME OF CEA			ORY	CITY	CATION	urg,	Penna	YINU A.	STA	ATE
25M	DHMH - 17 (VR A15 ME (5))		neral directions of the contraction of the contract		FSPA 1300	Euta	aw P1,			APR	24	REGISTRA	Sela .	Sistrar's	SIGNATI	URE ndebil	Y was

T A T P O P A A A D V A A A A A



**DEPARTMENT OF HEALTH AND MENTAL HYGIENE** - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATHO REGISTRAR DECEASED NAME 20. DATE KNOWN MONTH 26 HOUR CTYPY OR PRINT! OF EST1-JR. 19 86 ABY PLEASE LDHECTOR. YOUR FILES. NOT HOURS DEATH MATED Harry Rice 4: RACE 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS 12:26 DATE LAST BIRTHDAY DAY PRONOUNCED 1,86 2 11 40 B 45 DEAD Du a BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED VIDOWED DIVORCED U.S.A. MARYLAND Baltimore City WIDOWED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 1126, KIND OF BUSINESS FOR MOST OF WORKING LIFE) Baltimore 23rd Street RETAIN PA USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13d. INSIDE CITY LIMITS? 13b. COUNTY MARYLAND NO [ 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE TISDALE NANCY RICE HARRY SR. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES 218-36-9058 HARRY RICE SR. 928 BELGIAN AVE. NO 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). RD "PENDING" IN PENCIL IN TEM 18.

HIEF MEDICAL EXAMINER ALONG W.

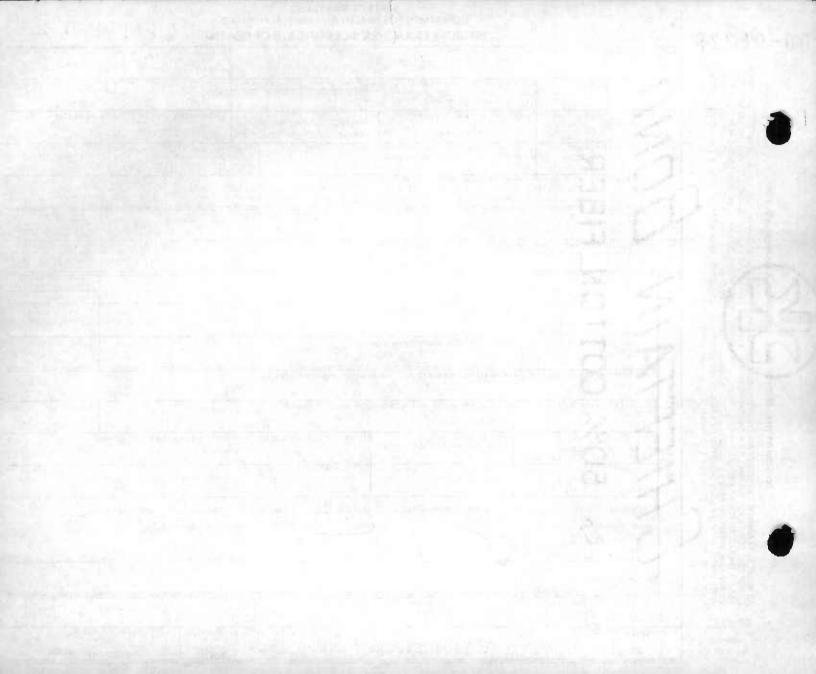
USED SA BURIAL-TRANSIT PREMIT

OF HEALTH AND MENTAL HYGIENE,

RIALL CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Cancer of throat IMMEDIATE CAUSE (o)\_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (4) CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE SHICKEUTE THE CERTIFICATE, WRITING THE WORD DE 64 SHOULD BE FORWARDED TO THE CHITOPE FUNCES, PAGE 3 SHOULD BE UN AFTER DEATH, WITH THE STATE DEPARTMENT OF BALTIMORE, MARYLAND, 21201 PRIOR TO BURI YES NO Y 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 71e PLACE OF INJURY (ATHOME 21d INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE AT WORK CITY OR TOWN COUNTY Inspection X 22a I certify that taok charge of the remains described above, held on Autapsy Hamicide Undetermined manner 4-20-86 DATE As sistant MEDICAL EXAMINER SIGNED EXAMINER'S NAME Dennis F. Smyth. M.D. 111 Penn St., Balt., 21201 TYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23r NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE BURIAL 4-26-86 BALTIMORE EASTVIEW 07/84 MARYLAND 25M 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE WM.C.MARCH F/H INC. 1101 E.NORTH AVE APR 25 DHMH - 17 (VR A15 ME (5))

STATE OF MARYLAND

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATHO REGISTRAR 1. DECEASED NAME 20. DATE KNOWN X MONTH 25 HOUR (TYPE OR PRINT) ESTI-S NECESSARY, PLEASE FUNERAL DIRECTOR. E 5 FOR YOUR FILES. ED, WITHIN 72 HOURS W. PRESTON STREET, 4/ 19/19 86 Richardson DEATH MATED Lemond 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 24 HRS 1 :30 DATE 40 BIRTHDAY 46 PRONOUNCED B M DEAD 19 86 19/ YRS 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR S.C. MARRIED NEVER MARRIED U.S.A. JURS AFTER DEATH. IF ANY DELAY IS NECE 18. GIVE PAGES 1, 2, AND 3 TO THE FUNE I WITH FORM PAM 3, RETAIN PAGE 5 FO I'M FAGES (AND 2 SHOULD BE FILED, WITH I'M PAGES (AND 2 SHOULD BE FILED, WITH I'M PAGES (AND 2 SHOULD BE FILED, WITH WIDOWED | DIVORCED Baltimore City 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS HOUSEKEEPING Provident Hospital Baltimore 130. STATE 13b. COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e, STREET ADDRESS MARYLAND FULTON AVE. 21223 BALTTMORE NO [ 320 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST MARY GRAHAM RICHARDSON EUGENE 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT WINSBORO S.C. DIVISION (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 247-84-2443 ALEXANDER GIBSON F/H 325 GARDEN ST YES CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH AS A BURIAL - TRANSIT PERMIT. ALTH AND MENTAL HYGIENE, DI CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY Gunshot Wound of Abdomen IMMEDIATE CAUSE (o)\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost FIGURE METING INC. THE CHIEF MES.
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H THE STATE DEPARTMENT OF HEALTH A!
H THE STATE DEPARTMENT OF MEMORY.
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THE STATE DEPARTMENT OF MEMORY. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X 21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 11:15/PM 4/18/86 subject shot 21e PLACE OF INJURY (AT HOME 211. LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) CITY OR TOWN Reisterstown Rd. , Balto, City, street TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE. V PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE SIT, BALLIMORE, MARYLAND, 2" Autopsy X 22a I certify that I took charge of the remains described above, held an Inspection Hamicide X death resulted Vi Natural causes Undetermined manner TITLE (SPECIFY) DATE 4/19/86 Assistant MEDICAL EXAMINER EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St. (TYPE OR PRINT) ADDRESS 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 236 DATE SATE C. RIDGEWAY BURIAL 4-24-86 ST. MARK BAPT. CHURCH 07/84 25M 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH - 17** WM.C.MARCH F/H INC. 1101 E.NORTH AVE. (VR A15 ME (5)) was Handson-Hundau



0-05362/		FOR STATE REGISTRAR			ARTMENT OF H	E OF MARYLAND EALTH AND MENTAL I ICATE OF DEATH	S S REG.		1 1	0 3
oy be		CEASED NAME GEORGE	ge !	J.	Ric	hter	2a. DATE OF DEATH		28 86	26. HOUR
ge 4 moy	3. SE.	Male	4. RACE Whi	te	5. DAT C		6 AGE (IN YEARS LAST E	SIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
tooth. Page		RTHPLACE (STATE OF FOREIGN COUNTRY)	76 CITIZEN OF		JTRY? 8.	D & NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	MD
after do	10. C	TY OR TOWN OF DEATH	11. NAME OF (IF NOT IN SU	HOSPITAL, N	URSING HOME O	or other institution dical Cente	12a USUAL OCCUPA (TYPE OF WORK FOR MOST	TION FOF WORKING LIF	E) INDUSTRY	F BUSINESS OR
orthin 24 hays.	5U.   3a :	AL RESIDENCE (IF NURSING POME COTATE 13), COL	OR OTHER INSTITUTION		BEFORE ADMISSION)	13d. INSIDE CITY LIMITS		ZIP CODE		21222
and 2	14 F/	ATHER'S NAME FIRST	WIDDLE	Rich	51	15 MOTHER'S MAIDEN FIRST Catherin	NAME		Haa	ī
e execute	This V	VAS DECEASED EVER IN U.S. A YES NO OR UNKNOWN) (IF YES G	RMED FORCES?		SECURITY NO. 18-9135	Mary E. Ri	ADD	RESS	e as 13	
quires that the death certifico signed by the attending physhen please remove corbonope to burial, cremation, or remove ijury, or ather traumotic event,	Z	PART 2 OTHER SIGNIFICANT	DUE TO, C	DR AS A CON	SEQUENCE OF	onary, a	ERMINAL DISEASE OR CO	NDITION GIV		MATE INTERVAL  ONSET AND DEATH
he law rec an. has been i permit. I ene priar t	CERTIFICATION	190 DATE OF OPERATION	19b. CONE	DITION FOR W	VHICH OPERATIO	N WAS PERFORMED	20a AUTOPSŸ?	IN CERTIF	S, WERE FINDIN YING CAUSES	
NG PHYSICIAN: The law required offending physician.  After this certificate has been signs the burial-transit permit. Then the and Mental Hygiene prior to borked or them 18 shorts art injury	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMIN	EATH HOUR A	P.M.	H DAY YEAR		CURRED (ENTER NATURE OF IN	JURY IN ITEM 18 F	PART ( OR PART 2)	
WG PHY offer this as the bu	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY TREET, FACTORY, C	OFFICE, FARM ETC	21f. LOCATION STREET	CITY OR	IOWN	COUNTY	STATE
ATTENDI ospital or ECTOR: A d far use t. af Heal m 21 is m		22a.1 certify that (I) (this hosp saw the deceased alive a above, (I) (we) (did) (did n	1 4/28		19_8€_, or	nd that in (aur) apin	ion death accurred on the	date and hou		
by the ho by the ho RRAL DIRE: e detached state Dept	3	22b. SIGNATURE	ley K	S. X.	oko,	DEGREE ATTENDING PHYSICIAN		AFF	22c. DATE	28/86
TO HOSPITAL or retoined by the TO FUNERAL Eshould be detoined with the State Elements.		Stanley	D. Dra	ke,	mD	22. ADDRESS 4440	Eastern A	ve		
BP		BURIAL, CREMATION, RÉMOVA (SPECIFY) Urial	23b. DATE 5/2/1	986	Holly	EMETERY OR CREMATO	23d LOCATION CITY OR TOWN White Ma	arsh	county	Marvland

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR Duda-Ruck, Inc.

7922 Wise Avenue

Dundalk, Maryland

21222

White Marsh

country

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	201	ATH. IF ANY DELAY IS NECESSARY, PLEASE S-1, 2, AND 3 TO THE FUNRRAL DIRECTOR. PM. 3. RETAIN PAGE 5, FOR YOUR FILES. N.B. 25/FOULD BEAUED, WITHIN 72 HOURS	375	13a. ST	ATE A	136 COUNTY	JINEK INSTITUTION, GI	13c. CJTY	OR TOWN		134 INSIDE CI		13e. STREE	TADDRE		2/0	20/L	51	
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	á	WRIT WARDI	20 Z	2	WHILE AT WORK AT W	WHILE	STREET, FACT	ORY, FARM, ET	C.)	ST	REET		(	CITY OR TOV	WN	C	YTMUC		STATE
		RR: THIS CERTIFICATE SHOULD BE EXE ORWARDED TO THE CHIEF MEDICA RR: PAGE 3 SHOULD BE USED AS A BL	0,21		22a Least further	I took shores	of the remains des	cribad aba	un hald	Autopsy		Inspection	VV	Inquiry			18.	100	
		L EXAMINER: 1 E CERTIFICATE, DULD BE FORV	Z Z		death resulted from	Natural	TOTAL	Accident	, Suic		Homici		Undetern	. ,		na in my a	pinion		
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		TO MEDICAL E) EXECUTE THE CI PAGE 4 SHOUL TO FUNERAL D			EXAMINER'S NAME (TYPE OR PRINT)	Denni	s F. Smy	th, M	I.D.	A	DDRESS_	111 Pe	enn S	St.,	Bal	t.,	MD	212	01
		5 X 4 5	A A	23a.BU	RIAL, CREMATION, R	EMOVAL 23b.	DAJE	23c N	AME OF CEM	ETERY OR	CREMATO	ORY	23d. LOCA	ATION		co	UNTY	51	ATE
	07/84	BP		( or	BURIAL	-	4/25/86	GA	RRISON F	ORRES	1.	11,	Ou	/ENII	NG 17	ills	,	MD.	
	25M	DHMH -	17		NERAL DIRECTOR		ADDRESS				0.0	250 DATE REC	C'D. BY RE	EGISTRA	R. 756. REG	SISTRAR'S	SIGNAT	URE	
		(VR A15 ME	(5))	1	ILLIAM C	BROWN	V COMM. 1	7/4 /3	206-08 W	, NOR	TH AWS	mai (	O T F	100	gules	Devido	-70	nder.	:
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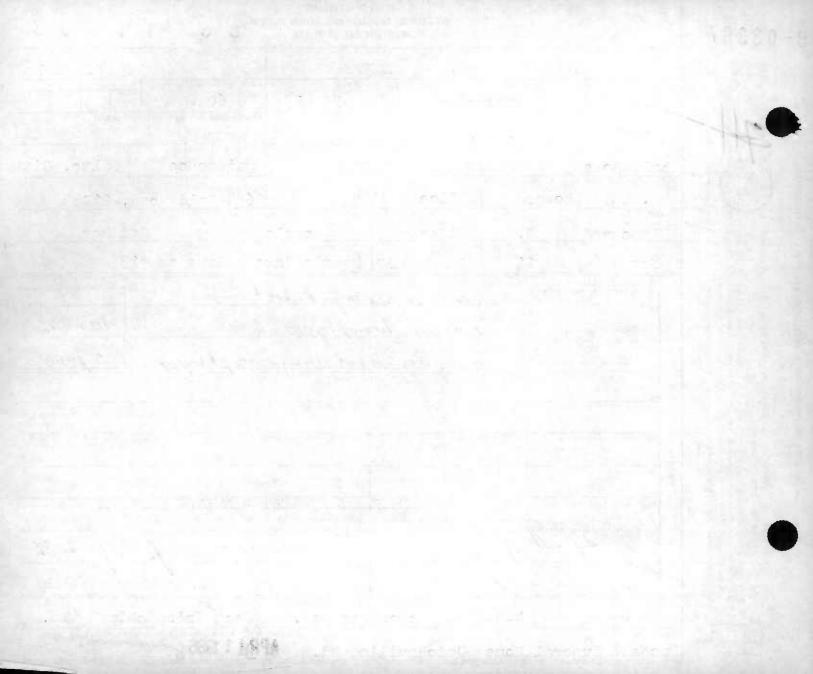
MAY U.S SER SULLANDER STORE ST

Catonsville

Md.

MacNabb Funeral Home

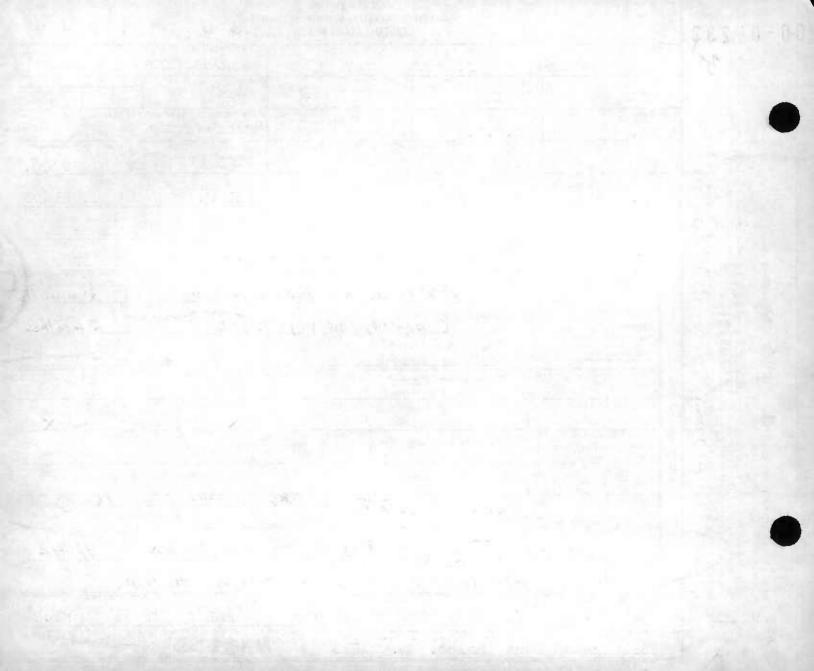
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01000	1	FOR STATE		DEPART	MENT OF H	OF MARYLAND EALTH AND MENTAL HYG	IENE 8 6	1		0 8
-04233		REGISTRAR  CEASED NAME FIRST OR PRINT)	,	MIDDLE		ICATE OF DEATH	REG. 20. DATE OF DEATH		AY YEAR	2b. HOUR D
ed y		MILTON		S.	RI	LEY	APRIL 17	, 1986		5:50 m
s ofte	3. SE	MALE	4. RACE WHIT	E	5. DATE C	DAY YEAR	6. AGE (IN YEARS LAST		IF UNDER I YEAR	IF UNDER 24 HRS
nerol dire	7a. B	RTHPLACE (STATE OR FOREIGN COUNTRY)	U.S.	WHAT COUNTRY	2 8	XNEVER MARRIED -	9. BALTIMORE CITY BALTIMOR	OR COUNTY	OF DEATH	MD
s offer d	10. C	BALTIMORE	(IF NOT IN SUC	HOSPITAL, NURSI HEACILITY, GIVE STREE HOPKINS	ING HOME C	R OTHER INSTITUTION	120. USUAL OCCUPA TRUCK DI		INDUSTRY	OF BUSINESS OR GHT CO.
24 hour filled in could be most be RDSO	USU.	AL RESIDENCE (IF NURSING HOME OR STATE 13b COUN	OTHER INSTITUTION TY	GIVE RESIDENCE BEFO 13c. CITY OR TOV BALTI		13d INSIDE CITY LIMITS? YES X NO	13e.STREET ADDRES 621 N.			
orderithin 24 orderety file brid 2 should exominer min	14. FA	THER'S NAME UNKNOWN	AIDDLE	LAST		15. MOTHER'S MAIDEN NAME RUTH			ARTHAU	51
br execution and compared to the second to t	3: 1	VAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) (IF YES, GIVE YES KORE	WAR OR DATES)	16b. SOCIAL SEC 216-28		JULI RILES		SAME A	ADDRES	SS
physical physical compoper emoval.		18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED IMMEDIATION	y one couse per SBY: CAUSE (0)	. 10.	RICU	AR FIBRI	ILLATION	,		mate interval onset and death mult
under horden death certification of the company of	7	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT CO	(b)	R AS A CONSEQU	JENCE OF		DISEAPE	DNDITION GIVE	2	mon the
heraw requant. The permit. The ene prior to ows any might.	CERTIFICATION	19a DATE OF OPERATION	19b. CONDI	TION FOR WHICH	H OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	NGS USED OF DEATH?
og physicians of		210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.	M. MONTH	DAY YEAR	21c. HOW INJURY OCCURR				
offending offending the NON-	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	218. PLACE ( (AT HOME, STR	OF INJURY EET, FACTORY, OFFICE.	FARM, ETC )	211. LOCATION STREET	CITY OR	TÓWN	COUNTY	STATE
ATTENDI Septiol or ECTO# A d for une of Heal	H	22a.1 certify that (1) this hospital saw the deceased alive on above (1) (we) (did) (did not	4/1	7 19		d that in (my) (our) opinion o	to 4/17	date and hour		
by the ho by the ho EAL DIFE detected that I have		226. SIGNATURE	hong	- 21,94		PEGREE  ATTENDING PHYSICIAN  220 ADDRESS	MEDICAL ST DIRECTOR PHYS	AFF ICIAN	22c. DATE	1/17/2
FO HOSP etoined I TO FUNE Hould be MINITH IN		AHVIE	HERS	KOWIT		JOHNS H		Hospin	ni	
BP	(	CREMATION	23b. DATE 4/19/1	86 G	REENM		23d. LOCATION CITY OF TOWN BALT	MORE	COUNTY	MD.
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FU	3331 Brehms 1	JNERAL Lane, 1	HOM, E. Balto.	INC. Md. 2	1213 25a. DATE	APP 21 19	REGISTR	AR'S SIGNAT	-Rindell



FOR STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	FIENE 6   REG. NO.	1109
CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
BABY BOY	Wesley Dean	RILEY Jr.	APRIL 21, 1986	7;58A M
Male	4.RACE White	April 20, 1986		
DEPARTMENT OF HEALTH AND MENTAL HYGENES  STATE REGISTRAR  REGISTRAT  REGISTRAR  REGISTRAR  REGISTRAT  REGISTRA	OF DEATH			
CERTIFICATE OF DEATH  REG. NO.  REG. NO.  REASED NAME  BABY BOY  Wesley  Dean  RILEY  Jr.  APRIL 21, 1986  APR	MD.			
	(IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)		126. KIND OF BUSINESS OR INDUSTRY
TATE 136 COL	UNTY 13c CITY OR TOW	/N 138. INSIDE CITY LIMITS?		21801 Drive
FIRST		FIRST	WE	
(IF YES, C				
PART I. DEATH WAS CAUS	SED BY:		yndreal	BETWEEN ONSET AND DEATH
gave rise to immediate cause (a), stating the	) (b) Pres	maturity		16 hrs
PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVE	EN IN PART 110
19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		, WERE FINDINGS USED

19a DA YES [ NO [ 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

P.M. 19 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE

(did not) view the body after death

22a.1 certify that (1) (this haspital) attended the deceased from

211 LOCATION COUNTY CITY OR TOWN

(my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE

ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

23¢ NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b DATE Burial 5-3-1986

23d. LOCATION CITY OR TOWN St. Stephens Cemetery

STATE Delmar Sussex Delaware

221. DATE SIGNED

STATE

24 FUNERAL DIRECTOR

- STAT REGI DECEASE TYPE OR PRIN

3 SEX Ma1 a. BIRTHPL COUNTRY Mary

BALTI

SUAL RES 130 STATE Maryla 4 FATHER Wesl 160 WAS DE No No

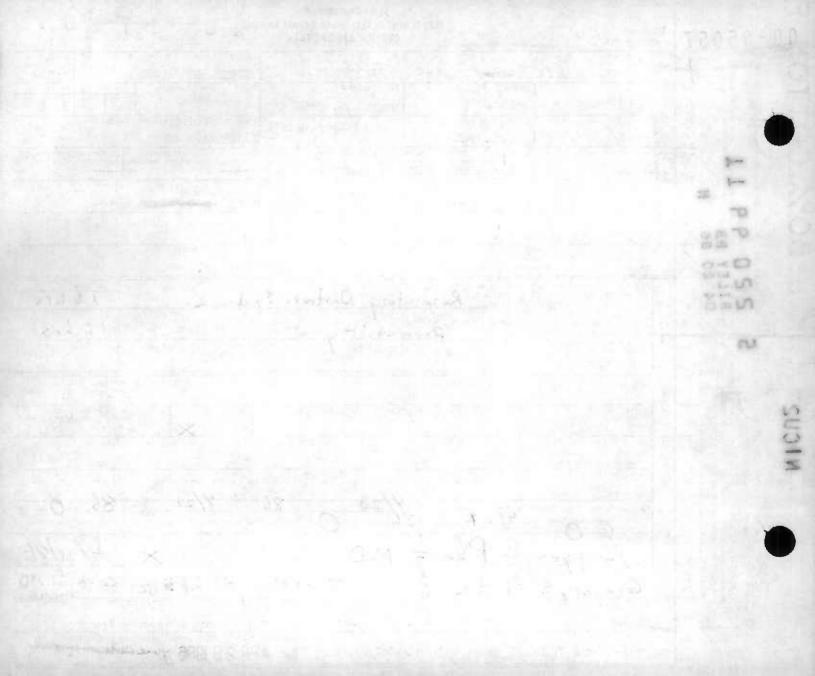
CERTIFICATION

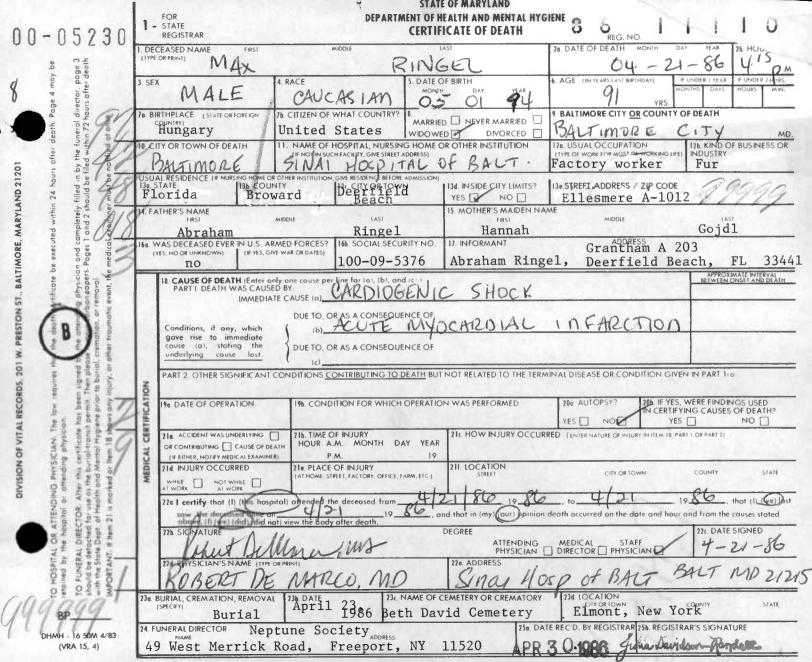
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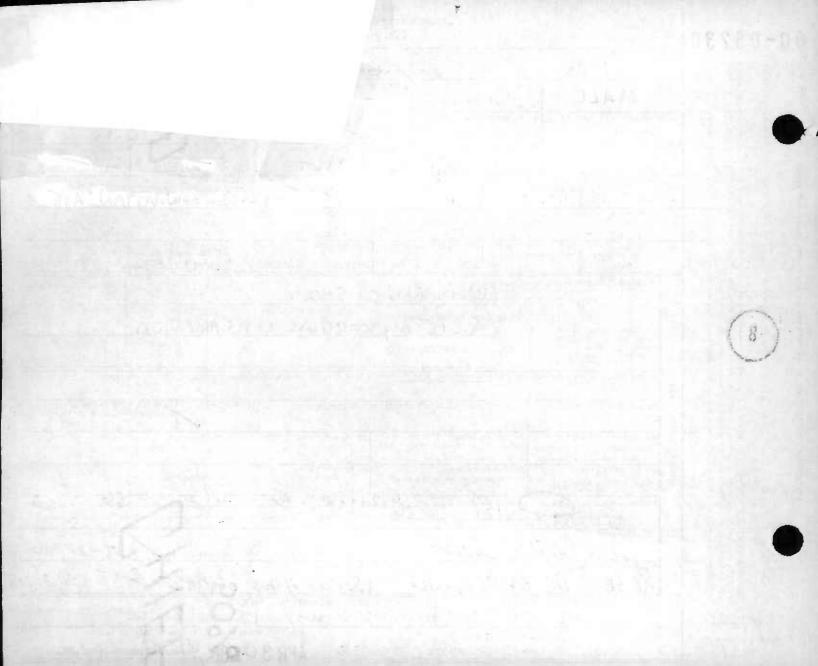
Marvel-Short Funeral Home Deimar, Delaware

June Dandoon-Nondate APR 29 1986

DHMH-16 50M 1/81 (VRA 15, 4)



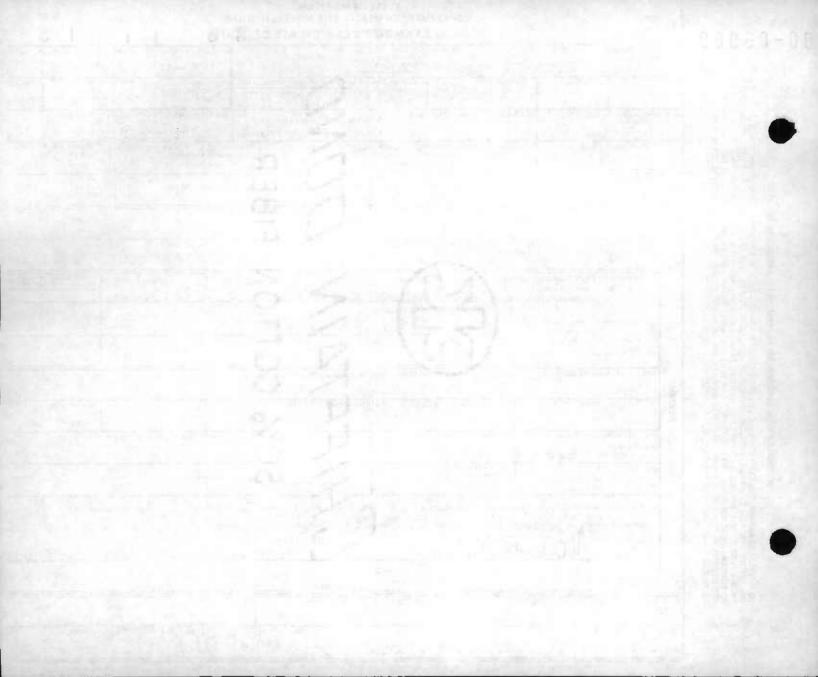




0 - 0 3 9 3 3	STATE OF MARYLAND  1 - STATE STATE REGISTRAR  STATE CERTIFICATE OF DEATH  STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE OF DEATH  REG. NO.	1111
moy be poge 3	I. DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH APRIL 12 1986	1:20 P
T. po	3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
Poge 4 n director.	Female Caucasian Jan. 17, 1910 76 YRS.	DATS HOURS MIN.
death. Po	70. BIRTHPLACE (STATE OR FOREIGN TO COUNTRY) 8 MARRIED NEVER MARRIED SHOWER OF WHAT COUNTRY) 9. BALTIMORE CITY OR COUNTRY OF WIDOWED X DIVORCED BALTIMORE CITY OR COUNTRY	OF DEATH  TY  MD.
offer of the state	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION THE TOWNS OF HOSPITAL  12. USUAL OCCUPATION UMPEOF WORK FOR MOST OF WORKING LIN HOUSEWITE:	12h, KIND OF BUSINESS OR
filled in out the form	mor, round our our or and or	ve. 21660
MARYLL d within mpletely ond 2 st	FATHER'S NAME FIRST  MIDDLE  LAST  LAST  LAST  MATIAN  Crozier	Markee
K. S.	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	Maire
IMORI Poges	(YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 222055634 Jane: Dhue, Greensboro, I	MD
NG PHYSICIAN: The law regules for the death certificate be executed within 24 hours attending physician.  After this certificate has been lighed by the death certificate be executed within 24 hours of the burial-strong personal permit. The place by the defending physician and empletely filled in by as the burial-strong permit. The place of profession permit is and mental Hygiene prior to burial, cematian, or removal.  After this service and a strong permit in the medical examples and a short the and mental Hygiene prior to burial, crematian, or removal.	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) CAROLOGICAN ARRY  ARREST	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
deon cert	DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which (16) TROKE MASSIVE	5 days
to the the by the content to	gave rise to immediate cause (a), stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF CAROTIC AMERY ANELYS.  (c) CIHWI INTERNAL CAROTIC AMERY ANELYS.	6 months
ORDS, 2 requires remission or to bury, 9 injury, 9	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE CONSETTIVE HEART PAILURE, Old MYOCARDIAL INFARCTION, Chapie	Atrial Fibrillation
TAL RECO	7 Apr 1986 GIANT INTERNAL CANOTED ANTENDED YES NOW IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH? IS NO
SION OF VITA PHYSICIAN: I ending physici this certificate the build-transi and Mentol Hygi dar Item 18 st	OR CONTRIBUTION CAUSE OF DE ST. HOUR A.M. MONTH DAY YEAR	ART I OR PART 2)
IVISION  UG PHYS  offendir  ter this offendir  res the bu	OR CONTROLING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  P.M.  19  21d. INJURY OCCURRED  WHILE AT WORK  NOT WHILE AT WORK  AT WO	COUNTY STATE
TTENDIN TTENDIN TOR: Af- for use o of Health	270.1 certify that (1) (his haspita) attended the deceased from 44AQ 19 86, to 12 APR saw the deceased glive an 12 APR 19 86, and that in (my) our ppinion death accurred on the date and hou above, (1) (me) (did) did not) view the body after death.	19_86_, that (I) we last r and from the couses stated
PITAL OR A by the hos ERAL DIRE detoched Stote Dept.	228. SIGNATURE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	12. ADR 1986
TO HOSPITA retained by TO FUNERA should be de with the Stot	Stephen M. Thomas, MD Tohus Hopkyus Hop. 601 N. Bra	Adway Balt Moznos
	236 BURIAL, CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION	COMNIY
BP	Burial 4/15/86 Greensboro Cemetery Greensboro	
DHMH - 16 50M 1/81 (VRA 15, 4)	Moste Teneral Alone Pd. 12/200855 December 16 1866 granter of the state of the stat	RAR'S SIGNATION

Syrally Creating Lone, 17, 1919 the total Maryland Caroline Bidgety x . 1 . aryland Ave. 21660 engine uniscio nelum Henrid nivil entono 2220 5634 June Date, Preenson, 466,022 The second of the second secon direct processes wrotest orangeest 35/21/4 Irens The street was the state of the

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nn-	- 1	3909		REGISTRAR		ME		MINER'S	CERTIFICAT	E OF DE	-		1 1	Ú
	V			CEASED NAME	FIRST		MIDDLE		LAST		20. DATE KNOWN OF ESTI-	MONTH X	A-12-86  ITH DAY YEAR 2d HOUR A-12-86 7PM M  UNTY OF DEATH  ILLY MD  OR INDUSTRY  DN ST. 21231  LAST  JITH ST. 2121  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  20 AUTOPSY? YES NOXE  R PART 2)  COUNTY STATE	26. HOUR
		28.28.8.			MARY {	EVELYN .	RC	BINSON			DEATH MATED	□ 4 <b>-</b>	-12-86	M
		A CHANGE	3. SE	4 RAC	CE S D	ATE OF BIRTH	YEAR LA	GE (IN YEARS IF U		NDER 24 HRS.	2c. DATE	MONTH	DAY YEAR	2d. HOUR
		N S N S		2	D m	3 3		4 YRS.	THS DAYS HOU	IRS MIN	PRONOUNCED DEAD	4-	-12-86	7PM: 44
100		AL AL	70. B	IRTHPLACE (STATE OR	76.1		HAT COUNTRY?				9. BALTIMORE CIT			IVEL IN
		SHAN SER	7	DREIGN COUNTRY)	1.256			WIDO	RIED   NEVER A	VORCED	Baltimo	ro Cit	- 3.7	
		N N N N N N N N N N N N N N N N N N N		ARYLAND ITY OR TOWN OF DE	ATH II	U.S.			HER INSTITUTION					
		SEA HO	1/			(IF NOT IN SUCH FA	CILITY, GIVE STREET A	DDRESS)		FOR	MOST OF WORKING LIFE)			
		IF ANY DELAY IS NECESSARY, PLEASE AND 3 TO THE FUNERAL DIRECTOR.  RETAIN PAGE 5 FOR YOUR FILES. SHOULD BE FILED, AVITHIN 72 HOURS RECORDS, 201 W. PRESTON STREET.		altimore		201 N.,					N/A			
	21201	Z S Z S S		TATE	136. COUNTY	ek institution, Gi	13c. CITY OR T	OWN	13d. INSIDE CITY LIM	IITS?   13e STR	REET ADDRESS			
	.21	2 S S S S S S S S S S S S S S S S S S S		ARYLAND			BALTI	MORE	1 1	0 201	N. WASHI	NGTON	I ST. 2	21231
	W	FIER DEATH, IF F PAGES 1, 2, FORM PM.3. SES 1 AND 2 SION OF VITAL	1	JNKNOWN	MID	DOLE	LAST		UNKN		MIDDLE	Mark	LAST	
	Q	DAMA D	160 \	WAS DECEASED EVE			166. SOCIAL S	ECURITY NO.	17. INFORMANT		ADDRI	ESS		
	BALTIMORE,	A STEAM	[ ']	YO OR UNKNOWN)	(IF YES, GIVE WAR C			-7727	SARAH	HARD	Y 2614 A	ISQUI	TH ST.	21218
		WIT. PI		IB CAUSE OF DEA	TH (Enter only one	e cause per line	far (a), (b), and	(c).)		25.42			APPROXIMAT BETWEEN ONS	TE INTERVAL ET AND DEATH
	PRESTON ST	TEM 18. ONG W PERMIT. SIENE, D	1	TAKITDEATT	IMMEDIATE CA	AUSE (a) A	rterioso	elerotic	cardiov	ascular	disease			
	STO	N N N N N N N N N N N N N N N N N N N	-		-	DUE TO, OR	AS A CONSEQU	JENCE OF					120	
	PR	A A NS		Canditions, if		(b)								
	201 W.	SA SENS		cause (a) statin	g the under-		AS A CONSEQU	JENCE OF						
	201	N. A.		lying cause last	-	(c)							-	
	RECORDS,	JID BE EXECUTED WITHIN 24 F. "PENDING" IN PENCIL IN ITEA F MEDICAL EXAMINER ALON ED AS A BURIAL - TRANSIT PER HEAITH AND MENTAL HYGIEL IL, CREMATION, OR REMOVAL		PART 2 OTNER SIGNIFICA	NT CONDITIONS CONTR		BUT NOT RELATED TO	THE TERMINAL DISE	ASE OR CONDITION GIVE	N IN PART 1 (a).	194			
	50	MEDICAS A SA CREW	FICATION											
	1 2	WORD "PEN WORD "PEN HE CHIEF M BE USED A ENT OF HEA O BURIAL, C	1.3	190. DATE OF OPER	ATION	196 CONDI	TION FOR WHIC	H OPERATION	WAS PERFORMED	?			20 AUTOPSY	1?
	H	38 E 1 5 E	E										YES 🗆	KON
	DIVISION OF VITAL	CATE SI THE COULD BE TWENT TWENT	GRI	210 EXTERNAL CAL		216. TIME OF	INJURY	YEAR 21c.	HOW INJURY OCC	URRED LENTER	NATURE OF INJURY IN ITEA	A 18 PART I OR PA	ART 2)	
	N	SHOOF S		UNDERLYING CONTRIBUTING				19						
	/ISIC	BENT S SH PR	MEDICAL	21d. INJURY OCCUP	RED	21e PLACE			OCATION	100		-		
	Š	WRIT WRIT ARBI ARE ATE ATE	1	WHILE NO AT W	WHILE D	STREET, FAC	FORY, FARM, ETC.)		STREET		CITY OR TOWN	co	NUMTY	STATE
		ATE, TATE, ORW ORW JR: P.		220. I certify that	I taak charge af	the remains des	cribed abave, he	ld an Auto	psy . Insp	pection X,	Inquiry .	and in my ap	pinian	
		ME HOLE		death resulted fram	m: Natural ca	uses X	Accident .	Suicide	, Hamicide	, Undet	termined manner	],		
		ARN ARN			Ala.	-1/1	(V		TITLE (SPECII	FY)				
		A SOLUTION		ACTUAL SIGNATURE	Mulgo	10/M	1 who		M.D. Assis	tant MED	ICAL EXAMINER	DATE	FD 4-13-8	6
		NORE SEE	7/				1,00				TOTAL ENVIRONMENT	31011		
		M SHERF	1	(TYPE OR PRINT)		rgarita	A Kore	11 M.D.	_ADDRESS	1.1	1 Penn St	reet		
		TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PORGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR; P AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2	23o. B	URIAL, CREMATION,		The same of the same			OR CREMATORY	[23d, LC	CATION	-		
0	7/B4	BP	1	BURIAL	4	-18-86	BAT	TIMORE	CEM.		OR TOWN BALTIMOR		MARYL	
	5M		24. F	UNERAL DIRECTOR					25a. E			EGISTRAR'S		TIAD
		DHMH - 17 (VR A15 ME (5))	WI	M.C. MARCH	F/H I	NC . ADDRESS	01 E.N	ORTH Z	VE	APRI	7 1986 Full	EN ANGULAR	Marah	
								- I - II F	· + LI •	. 41 1 .	86			



I. DECEASED NAME FIRST MODILE LAST 20. DATE OF DEATH MONTH DAY  I. THE COMPRINT)  I. DECEASED NAME FIRST MODILE LAST 20. DATE OF DEATH MONTH DAY  I. THE COMPRINT COMPRINT COMPRISED TO SERVE ASSET TO SE	
LILLIE M. ROGERS 4 /3	NDER I YEAR IF UNDER 24 HRS
3 SEX 4 RACE S. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF U.	
	THE DATE HOURS MIN.
For the Mark that the same of	
	DEATH
MARRIED NEVER MA	Y MD
11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 1/20 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
BALTIMORE UNION MEMORIAL HOSPITAL DOMESTIC	Private
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)  136 STATE  136 COUNTY  136 CITY OR TOWN  136 INSIDE CITY LIMITS?  138 STREET ADDRESS / ZIP CODE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Baltimore YES IN NO 1 822 E. 35 th St.	21218
14 FATHER'S NAME  FIRST  MIDDLE  LAST  FIRST  MIDDLE  MIDDLE	LAST
TYPE NO OR LINKNOWN) LIEVES GIVE WAR OR DATES!	
20-30-3320 Shinley Todd 1701 Lakeside	
18 CAUSE OF DEATH lEnter only one couse per line for (a), (b), and (c)  PART I, DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARPIAC HEREST	
DUE TO, OR AS A CONSEQUENCE OF	
Conditions, if ony, which gove rise to immediate	
couse (o), stoting the underlying couse lost DUE TO, OR AS A CONSEQUENCE OF Underlying couse lost	
# DOOD TO THE TOTAL TOTA	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN I	IN PART 110
The state of operation 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, W	ERE FINDINGS USED
YES NO YES	
7 % 0 0 F 00 PILL NOCOCORRED (ENTER NATURE OF INJUNY IN TIEM IS PART I	OR PART 2)
OR CONTRIBUTING CAUSE OF DETTH  OR CONTRIBUTING CAUSE OF DETTH  (IF EITHER NOTIFY MEDICAL EXAMINER)  P.M. 19	
OR CHAINTENANCE TO STREET THE NOTIFY MEDICAL EXAMINER)  OR CHAINTENANCE TO STREET THE NOTIFY MEDICAL EXAMINER THE	COUNTY STATE
O T T T T T T T T T T T T T T T T T T T	
220.1 certify that Chas hospital offended the deceased from APRIL 13 19 86 to FIREIL 13 19	PG, that (Twe) lost
sow, the deceased alive on HW/L/3 1986, and that in (60 (our) opinion death occurred on the date and hour and	d from the couses stated
27 Secret Turks Degree	22c. DATE SIGNED
	4/13/86
278. PHYSICIAN'S NAME (TYPE OR PRINT)  270. ADDRESS	
PHYSICIAN DIRECTOR PHYSICIAN DIR	B AGE (IN YEARS LAST BRITHDAY)  WONTES DATS HOURS MIN.  19 BALTIMORE CITY OR COUNTY OF DEATH  DIVORCED  BRITIMORE CITY  MD  120 USUAL OCCUPATION  (PPEOF WORK FOR MOST OF WORKING LIFE)  INDUSTRY  DIVORCED  130 STREET ADDRESS / ZIP CODE  STATE MIDDEN NAME  FIRST  MIDDLE  LAST  APPROXIMATE NITERVAL  BETWEEN ONSET AND DEATH  BETWEEN ONSET AND DEATH  DVS FUNCTION  120 AUTOPSY?  YES NO 120
236 BURIAL, CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION	DUNITY
	Nd.
24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR PLAN REGISTRAR PL	SSIGNATURE
(VRA 15, 4) Kandolely, Cerllick 24318, Oliver St. 180 1900	A

STATE OF MARYLAND

DIMINE N. ROGERS BULLEYOR: BION MINNELL HOTELTH, CARREST CO. Same S 2000 LITER WINDS NOTE ELONAL AVEST BURNING EMORRY DEMORS

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND

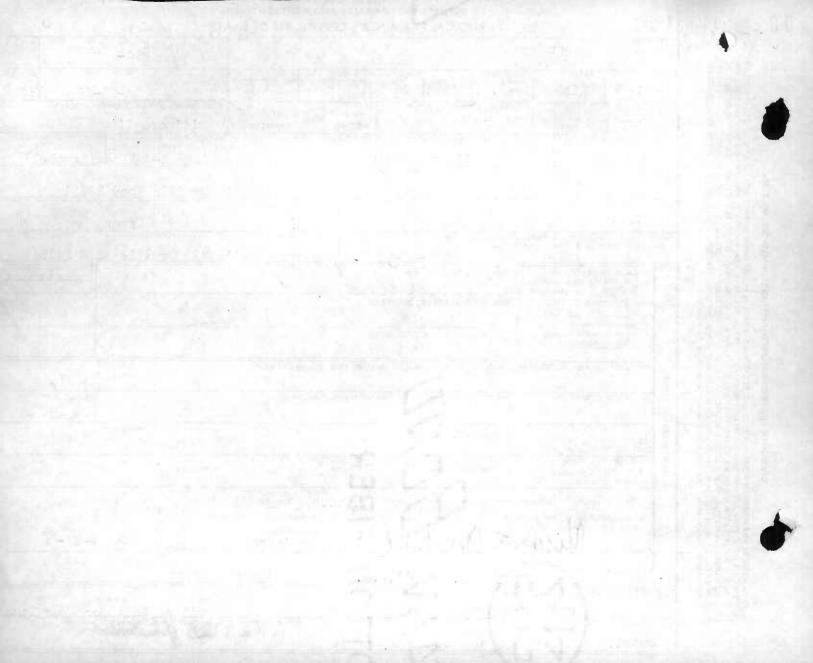
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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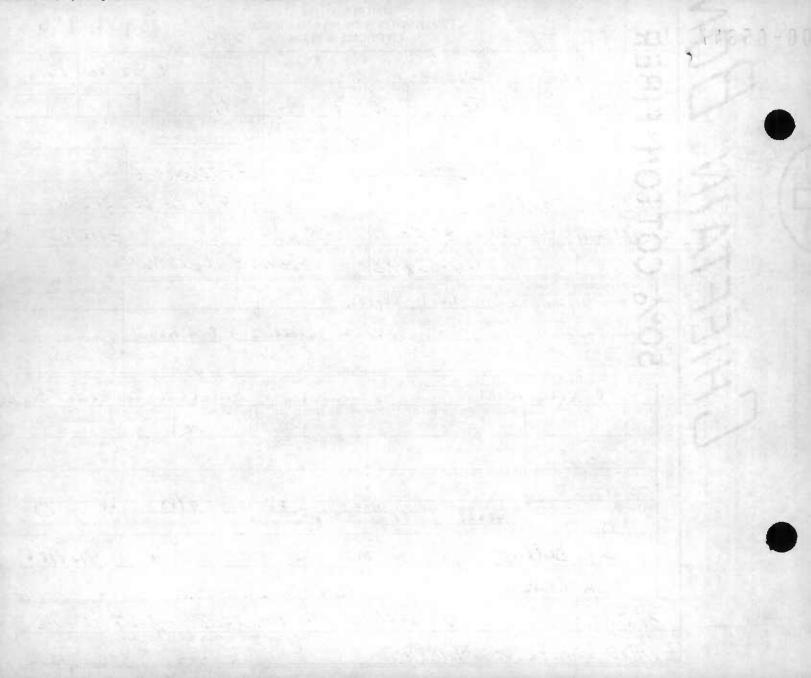
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0 2 3 3 0 0		EASED NAME FIRST		AIDDLE	LA	ST	. 20			AY YEAR	2b. HOUR
ay be age 3 death	(TANE	FREDE	RTCK	Α.	ROMA	GNOLI		APRIL 2,	198	6	7:450
moy poi	3. SEX		4 RACE		5. DATE O			AGE (IN YEARS LAST BIRT		ONIHS DAYS	IF UNDER 24 HRS HOURS MIN.
ge 4 ector		MALE	WHITE		APRI	L 25 196		78	YRS.		MIN.
ath. Fo		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF		MARRIED	X NEVER MARRIE	D L	BALTIMORE CITY OF			
thin thin	10 CI	MD .  TY OR TOWN OF DEATH			SING HOME O	DIVORCE		a USUAL OCCUPATION			OF BUSINESS OR
44		LTIMORE				SPITAL	r	MACHINIS	WORKING LIFE	BETH	
1	USUA 13a. S	L RESIDENCE (IF NURSING HOME TATE 136. COI		GIVE RESIDENCE BEF 13c. CITY OR TO BALTI	NWC	13d INSIDE CITY LIM YES X NO [	AITS? 13	STREET ADDRESS /	ZIP CODE VYON	AVE.	21213
	14 FA	THER'S NAME FIRST  PASOUALE	MIDDLE R	OMAGNO	)T <sub>4</sub> T	15. MOTHER'S MAID FIRST CHRIS!		WIDDLE	P	ASSAŔ	ST
Poges (	16a W	AS DECEASED EVER IN U.S. A		166 SOCIAL SE 213-07	CURITY NO.	17 INFORMANT		GNOLI (W	SS		ADDRESS
ng physiciare broad page page page page page page page page		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUS	anly one cause per SED BY: ATE CAUSE (a)	line for (a), (b),	e DESI	TRATORY	FA	TUNE		APPROX BETWEEN	XIMATÉ INTERVAL I ONSET AND DEATH
death cerr attending ove corba ove rorba rtian, or re roumatic e				R AS A CONSEC	DUENCE OF	nuctive	LUNI	o DISCAS	E		
that the de d by the att ease remain al, cremation		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.		R AS A CONSEC		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	00111				
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ician.  te has been ssit permit. Tigiene priari shows ony ir	CERTIFICATION	19a DATE OF OPERATION	19b. COND	ITION FOR WHI	CH OPERATION	N WAS PERFORMED		200 AUTOPSY?	IN CERTIFY	, WERE FINDI	INGS USED S OF DEATH?
phys fifted I-tract al Hy al Hy	_	2) a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C	DEATH HOUR A.	M. MONTH	DAY YEAR	21c. HOW INJURY (	OCCURRED	(ENTER NATURE OF INJUR	Y IN ITEM 18 PA	ART   OR PART 2)	
trending transfer the burial mand Ment sed or Iter	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	21e. PLACE			211 LOCATION STREET		CITY OR TOV	γN	COUNTY	STATE
ENDING hal or a DR: After ruse as Health l'is mark		220.1 certify that (1) (this has		e deceosed Iron		d that in (my) (gur) o	7 8	to Alice	te and hour	and from the	that (I) (we) last
At OR ATT the haspinal AL DIRECT ietached for the Dept. of		22b A TURE	Number of American Street, Name of American St	after death.		PEGREE	DING	MEDICAL STAF	F		E SIGNED 486
O HOSPITAL  to FUNERAL  should be deto with the State I  MPORTANT: II		DR.		IENDEZ		22e ADDRESS 5820 Y	ORK	RD., S.	OF BE	ELVEDE	ERE
should with IMPO	23a B	URIAL CREMATION, REMOVA	AL 236 DATE	2		METERY OR CREMA		23d. LOCATION		COUNTY	STATE
BP		BURIAL	4/5/8			NS OF FA		BALTIMO			MD. STATE
DHMH - 16 60M 7/84	24 FU	NERALS@HOMUNEK	FUNERA	AL HOMI	E, INC	. 21213	25a. DATE R	REC'D. BY REGISTRAR	25b. REGISTE	RAR'S SIGNA	TURE

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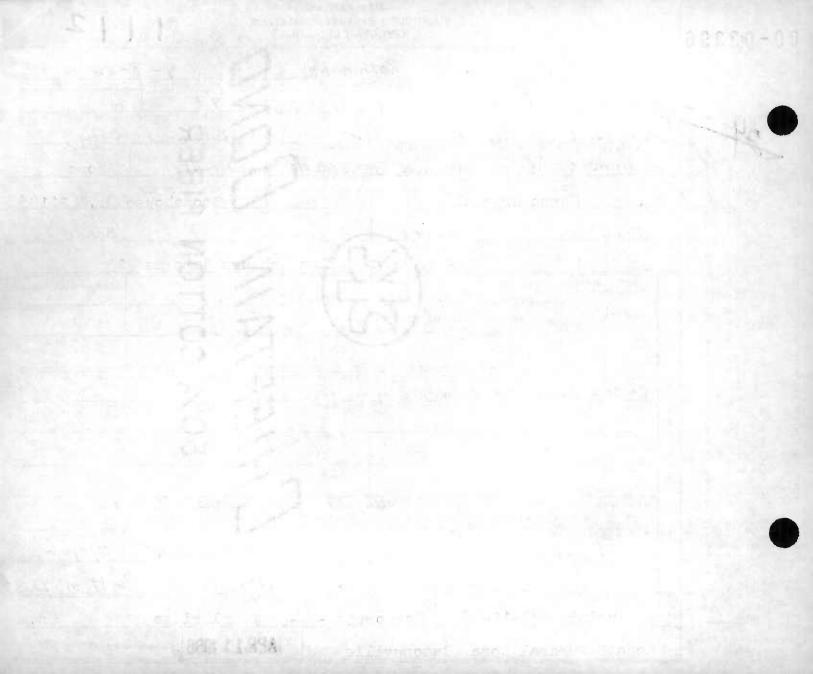
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PREAS DIRECTOR OUR FILES ON STREET	3. SE	x male	White	S. DATE OF BIRTH MONTH DAY Sept. 17	1962	LAST BIRTHD	Y) MONTH	DER 1 YR.	HOURS 1	24 HR5. 2 MIN P	RONOUNCED DEAD	4-20-		1:17R
FOESSA FOR YOUNTHIN	7a. E	IRTHPLACE (S OREIGN COUNTRY) Mary La	and	76. CITIZEN OF WE	IAT COUN	TRY?	8. MARRII WIDOW		/ER MARRIE	Dscsc	Baltimore cit		OF DEATH	MD.
S S S S S S S S S S S S S S S S S S S	10. C	ITY OR TOWN	OF DEATH	11. NAME OF HOS	CHITY, GIVE S	TREET ADDRESS)	, OR OTH			12a. USUA FOR MC	AL OCCUPATION OST OF WORKING LIFE)	(TYPE OF WORK 1	OR INDUSTR	SINESS
84×86	USU		OF IN NUBSING MON	3120 Gui	E RESIDENCE	BEFORE ADMISSI	(NC	1			epionist-	-Wallade	Campbe	211
ANY E RETAIN	13a. S	Maryla	and 134 COL	Baltimore		or town sex		13d. INSIDE CI YES 🗌	NO &		ET ADDRESS  3 Orville	Road 2	21221	
ENST F	3/	ATHER'S NAM FIRST		MIDDLE		LAST		F	R'S MAIDE	NAME	MIDDLE	T	LAST	
8 35≤ ¥6	160.	Willia WAS DECEASE YES, NO, OR UNKNI	DEVER IN U.S. A	ARMED FORCES?	Rose	ILE CIAL SECURITY	NO.	17. INFORA	ita		ADDR	Isner		
RS AFTER DEA' GIVE PAGES WITH FORM P PAGES LAN DIVISION ON	1	no.	JWN) (IF YES, G	IVE WAR OR DATES)	219	-88-91	95	Sand	ra Ro	selle	233 Orv	ville Ro		
		18 CAUSE C PART I D	EATH WAS CAUS			ond (a).) (arcot.i	Cm	25.	1				APPROXIMATE BETWEFN ONSE	AND DEATH
STON ST N 24 HOUR N 174 HOUR N ITEM 18. SIT PERMIT.	1	177				ISEQUENCE (			1					
WITH! NCIL I NCIL I NCIL I NERANS		gove r	ins, if any, whi ise to immedia ) stating the unde	te (b)	40.00	ISEQUENCE (	25							
201 W		lying co		(c)	AS A CON	12ECIUENCE (	JF.							
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NI REC VULD E PEN AE FI HEAL	MEDICAL CERTIFICATION	19a. DATE O	FOPERATION	19b. CONDIT	ION FOR	WHICH OPER	ATION W	AS PERFOR	MED?				20 AUTOPSY	?
F VITAL E SHOUNDED WORD" E CHIEF BE USE SINT OF H	4	21a EXTERN	AL CAUSE WAS	21b. TIME OF			21c. HC	OW INJURY	OCCURRED	DIENTERN	ATURE OF INJURY IN ITE	M 18 PART 1 OR PART	YESXX	NO 🗆
ON O IFICAL THE OTH POULT ON THE OFF	218	UNDERLYIN	G OR		1011	/201986		gestic	n of	drug	S			
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DI DI ATE, WRI ORWARD ORWARD ORWARD HE STATE I		22a. I cert		arge of the remains des			Autop	[V]	Inspection		Inquiry .	ond in my opi		
AMIN STIFIC SEECT TITH THE RYLAI		deoth resul	ted from: No	turol couses ,	Accident	□, Su	icide 🗌	, Homic		Undete	rmined monner	Χ,		
THE CEIN WATH, WATH, WASE, MARKET		ACTUAL SIGNATURE	Mac	porte 1	rey	hell	M	.D. As	sistar	nt MEDIC	CAL EXAMINER	DATE SIGNED	4-21-86	
TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOUID BE FORW, TO FUNKAL DIRECTOR: PATER DEATH, WITH THE STANDARD, AMARYLAND, 2		EXAMINER'S	NAME INT)	Margarita <i>F</i>		rell,M		ADDRESS_			Street			
114	230.	(SPECIFY)	ATION, REMOVA	100000000000000000000000000000000000000		NAME OF CE			ORY		CATION	COUNT		ATE
BP///	24	FUNERAL DIRE	rial ctor	4/20/86 ADDRESS		rdens	ot Fa	aith	25a. APR	EG'D BY	ssville REGISTAR 200	Baltime EGISTRAR'S SIG	Ore Mar	yrand
(VR A15 ME (5) 20M 4/82	(		y Funera	1 Home 300		Ave.	2122	1	777 77		4	'		110



					STATE OF MARY	'LAND				. 0	
05647/	1	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH									
in	1 DE	CEASED NAME	FIRST	MIDDLE	LAST	Ross		MONTH DAY	YEAR	2b HOUR	
may be page 3	1,10	OR PRINT)	JULIA	ESTHER	ROSS			4 28	86	8:150	
ge 4 may	3. SE	* FEMAL		WHITE	S. DATE OF BIRTH	1834	6 AGE (IN YEARS LAST BIR	MONT	NDER I YEAR	HOURS MI	
o d	7a B	RTHPLACE (STATE	OR FORE GN 7b	CITIZEN OF WHAT COUNTRY?	8		9 BALTIMORE CITY O		DEATH		
eoth	1/	BALTO,	MD 1	U.S.A.	MARRIED NEVE	DIVORCED	BALTIMORE	CITY			
	N	TY OR TOWN OF D	1	NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET A INION MEMORIAL	ADDRESS)	NOITUTION	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O	F WORKING LIFEL	26. KIND OF NOUSTRY	BUSINESS	
1 4 17	UsU	AL RESIDENCE HEN		ER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION)						
hin 24		ATHER'S NAME	PALI	O. CO. 136. CITY OR TOWN	YES 🗀	NO P	130 STREET ADDRESS	ZIP CODE.	212	34	
P 1000	1	WILLIAM	M HE	NRY HENZ	E	JULIA	Z MIDDLE	/	BUR	NS	
be execu		VAS DECEASED EV YES NO OR UNKNOWN)	ER IN U.S. ARMED		6455 IT INFOR	FAM	NLY REC	ORDS			
quires that the death certifical signed by the attending physhen please remove carbon pape to burial, cremation, or remove jury, or other traumatic event,	N	Canditions, if a gave rise to cause (a), sto underlying cai	I WAS CAUSED BY IMMEDIATE C  ny, which immediate thing the use lost.	DUE TO, OR AS A CONSEQUE  (c)  DUITIONS CONTRIBUTING TO D	sepsis NCE OF NCE OF			DITION GIVEN I	N PART IIa	NATE INTERVAL	
he law recon.  hos been i permit T ene prior i	CERTIFICATION	19a DATE OF OPER	RATION	Mellitis Se	OPERATION WAS PERI		Colecto.  20a AUTOPSY?  YES NO NO	20b. IF YES, WE IN CERTIFYING	RE FINDIN	GS USED	
SIC1A ng p certif riok- riok- ental		21a. ACCIDENT WAS I OR CONTRIBUTING [ (IF EITHER, NOTIFY M	CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M.	Y YEAR	INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I	OR PART 2)		
G PHY: attendir er this s the bu	MEDICAL	21d INJURY OCCU	WHILE ANDRE	210 PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, FA	RM, ETC ) 211 LOCA	TION	CITY OR TOV	VN	COUNTY	STATE	
D P P		22a I certify that	(1) this hospital		4/22 / 86 , and that in (m	19 86	ta			not (I) we	
TENE TOR. or us or us		22b. SIGNATURE	(did /(did not) vie	ew the bady after death.	DEGREE				22c. DIAJE S		
AT AT		TIE DICHARION			- FOULE				ALL DENE S	1	
them 2		311	n. Slots	. ट्य	M.D.		MEDICAL STAF	F IAN 🔏	41.	18/8	
them 2		226 PHYSICIAN'S			22e ADDR	PHYSICIAN E	DIRECTOR PHYSIC	IAN 🔏 📗	41.	18/8	
AL OK AT. the hasp AL DIRECT detached for ore Dept. a	23a. E	226 PHYSICIAN'S	1. Gloth	TI TI	22e ADDRI	PHYSICIAN ESS	DIRECTOR PHYSIC	IAN 🔏 📗	41.	18/8	
them 2	23a. E	22d PHYSICIAN'S F. N	1. Gloth	3b. DATE   23c N	22e ADDR	PHYSICIAN ESS  N MEMORI R CREMATORY	DIRECTOR PHYSIC	IAN 🔏 📗	71.	STATE	
TO HOSPITAL OK AT retained by the hosp retained by the Bosp TO FUNER LDIRECT should be detached to with the State Dept. or IMPORTANT: If them 2	1	22d PHYSICIAN'S F. N	1. Gloth	3b. DATE   23c N	220 ADDR	PHYSICIAN ESS  ON MEMORI R CREMATORY  AKK CON	DIRECTOR PHYSIC	BALL	41.	. MD	



0-02905	1	FOR - STATE REGISTRAR	DEPART		ALTH AND MENTAL HYG CATE OF DEATH	IENE B 6, REG. NO	1 1 1 9
u π €		CEASED NAME FIRST O111e	MIDDLE	LAS	Ross		MONTH DAY YEAR 26. HOUR
moy be poge	3. SE	X	4. RACE	5. DATE OF	BIRTH	6. AGE (IN YEARS LAST BIR	
ge 4 ector rrs of		F	В	2 MONTH	12 10 YEAR	76	YRS. MONTHS DAYS HOURS MIN.
deoth. Poge uneral direc nin 72 hours		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED WIDOWED	NEVER MARRIED DIVORCED	Baltimore CITY O	R COUNTY OF DEATH
by the fifted with		Balto.	11. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREET  1221 N. Ca	NG HOME OR ADDRESS)	OTHER INSTITUTION	12a. USUAL OCCUPATI (TYPE OF WORK FOR MOST OF HOUSEWIF)	ON 12b. KIND OF BUSINESS OR INDUSTRY
filled in hould be	13a M.	ARYLAND 136. COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 130, CITY OR TOV Balto.	VN 1	36 INSIDE CITY LIMITS? YES 📉 NO 🗌		ZIP CODE CAROLINE ST. 2121
ored within		JIM	MIDDLE HARRI	S	5. MOTHER'S MAIDEN NAM	WIDDIE	KENYON
n ond (Poges)	160	VAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SECTIVE WAR OR DATES) 220-90-		JULIA ROS	ADDRE 5 1221 N.(	CAROLINE STREET  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
equires that the death certificate E signed by the ottending physicio Then please remove carbonpapers to buriol, cremotion, or removal.	7	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE  CONDITIONS CONTRIBUTING TO	ENCE OF	en-	failur t disease	
os beer no ne prior ne prior ne prior	CERTIFICATION	19g, DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO
YSICIAN: The ding physicion is certificate h buriol-transit physician wenter Hygier or them 18 show		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH D	AY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	
offendin offendin ter this c ss the bur h ond Me	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, I		RII. LOCATION STREET	CITY OR TO	WN COUNTY STATE
R ATTENDIN hospitol or RECTOR: At sed for use or ipt, of Healt em 21 is mad		sow the deceased alive on above, (1) (we) (did) (did no	ital) attended the deceosed from	84, ond	that in (my) (our) opinion o	to 4 14	, 19 80, that (I) (we) lost ate and hour and from the causes stated
E Docto		226. SIGNATURE	chael & K	lag	GREE  ATTENDING PHYSICIAN D  220 ADDRESS	MEDICAL STAF	22c. DAJE SIGNED
TO HOSPITAL retoined by 11 TO FUNERAL should be det with the Store	22- 1	MICHAE	L J- KLA	G	HARVEY	502, Ji	+1+, BALT. MO 212
BP	E	URIAL, CREMATION, REMOVAL SPECIFY) URIAL	NOT THE RESERVE OF THE PARTY OF		METERY OR CREMATORY LELD BAPTIS		
DHMH - 16 60M 7/B4 (VRA 15, 4)		INERAL DIRECTOR  1.C.MARCH F/H	INC. 1101 E.	NORTH	AVENUE A	PR 0 8 109	25b. REGISTRAR'S SIGNATURE



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Dr. Month S. Datols, NO 11 L. Chae Street, Satto., No.

Henry W. Jenkins & Sons Co. ASSE York Ford Edits, NO 21218 Edited By No. 21218

E/1/88 ru J Flos Picavilla, AD

Beltimons Union Contal Hospital

N. Eilto. x

James (and an Newstonal)

-3-	STATE OF MARYLANI
10-0ECha, FOR	DEPARTMENT OF HEALTH AND ME
00-056 1 21- FOR STATE STATE SEGISTRAR	CERTIFICATE OF DEA

NTAL HYGIENE 👝

1	REGISTRAR			CERTIF	ICATE OF DEA	TH	REG. NO.	2 3 4 6	
	EALED NAME FIR		MIDDLE	0	AST		20 DATE OF DEATH MON	-29-SK	26 HOUR
	//	MILTON		Ko	YSIDE		4	-2100	PM
1.58	X	4 RACE		5. DATE C		YEAR	6 AGE (IN YEARS LAST BIRTHDAY	MONTHS DAY	
	Male		Black	1		924	62		S MOURS MIN.
	HETHPLACE (STATE OR FOREIG	76. CITIZEN OF	WHAT COUNTRY?	8			9 BALTIMORE CITY OR CO		
	Maryland	U.S	71	WIDOWE	D NEVER MARK		Baltimore c	44	
10 C	ITY OR TOWN OF DEATH		OSPITAL, NURSIN				120 USUAL OCCUPATION		MD. OF BUSINESS OR
_		(IF NOT IN SUC	H FACILITY, GIVE STREET	(DORESS)			TYPE OF WORK FOR MOST OF WOR		
	altimore		an Hospit					200	
	STATE 13b.	COUNTY	13c. CITY OR TOWN		13d. INSIDE CITY L	IMITS?	13e.STREET ADDRESS / ZIP	CODE	
Bal	timore		Baltimo	re	YES X NO		717 Druid Pa	rk Lake I	Drive 212
14. F	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MA	IDENNA	ME /		
Her		MIDDLE	Rouste	r	Eula		WIDDLE		LAST
_	WAS DECEASED EVER IN U	S. ARMED FORCES?	16h SOCIAL SECUI		17 INFORMANT	TEL	ADDRESS		
No	(YES, NO OR UNKNOWN) (1F	YES, GIVE WAR OR DATES)	216-16-9	528	Wannett	DOW	ster 1134 Pop	12m Cm2	c+ 272
	Conditions, if any, whi gave rise to immedic cause (a), stating to underlying cause lo	orte (b) Lore (b) Lore (b) DUE TO, O	R AS A CONSEQUE	MAL	ASUM.	24.01		5 5	
TION	ANG	INA PE	CTORIS		DIAIS	STE!	INAL DISEASE OR CONDITION	15	
CERTIFICATION	19a DATE OF OPERATION	196. COND	TION FOR WHICH	OPERATIO	N WAS PERFORME	D		LIF YES, WERE FINE CERTIFYING CAUS YES	
	210. ACCIDENT WAS UNDERLY!  OR CONTRIBUTING CAUSE  (IF EITHER NOTIFY MEDICAL EX	OF DEATH HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY	OCCURF	RED (ENTER NATURE OF INJURY IN I	ITEM 18 PART I OR PART 2	()
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE	OF INJURY EET, FACTORY, OFFICE, FA	ARM, ETC }	21f. LOCATION STREET		CITY OR FOWN	COUNTY	STATE
	22a.1 certify that (1) (this saw the deceased al abave, (1) (we) (did) (	11-15	798	Z_, or	nd that in (my) (aur	opinian o	death accurred on the date a	ind hour and from t	_, that (I) (we) last he causes stated
	22b. SIGNATURE	1			DEGREE			22c. DA	TE SIGNED

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

Burial

230 BURIAL, CREMATION, REMOVAL

23c NAME OF CEMETERY OR CREMATORY

22e ADDRESS

23d. LOCATION

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

COUNTY Maryland

24 FUNERAL DIRECTOR DHMH - 16 60M 7/B4

IMPORTANT: If Item 21 is marked or Item 18 shows any

(VRA 15, 4)

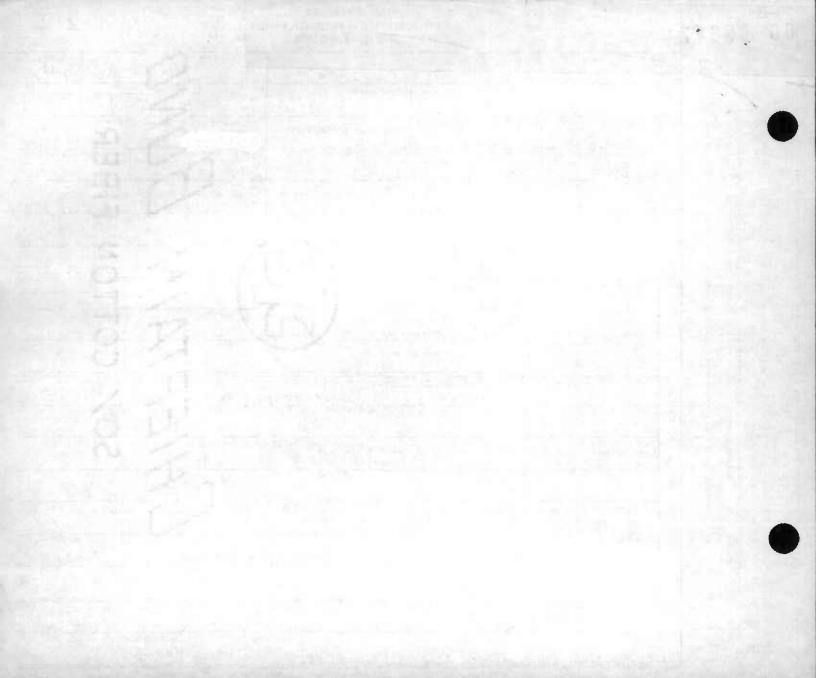
Mount Auburn Cemetery | Ba

(SPECIFY)

Bailey-Douglass Funeral Home 1348 N. Calhoun St

5-5-86

23b. DATE

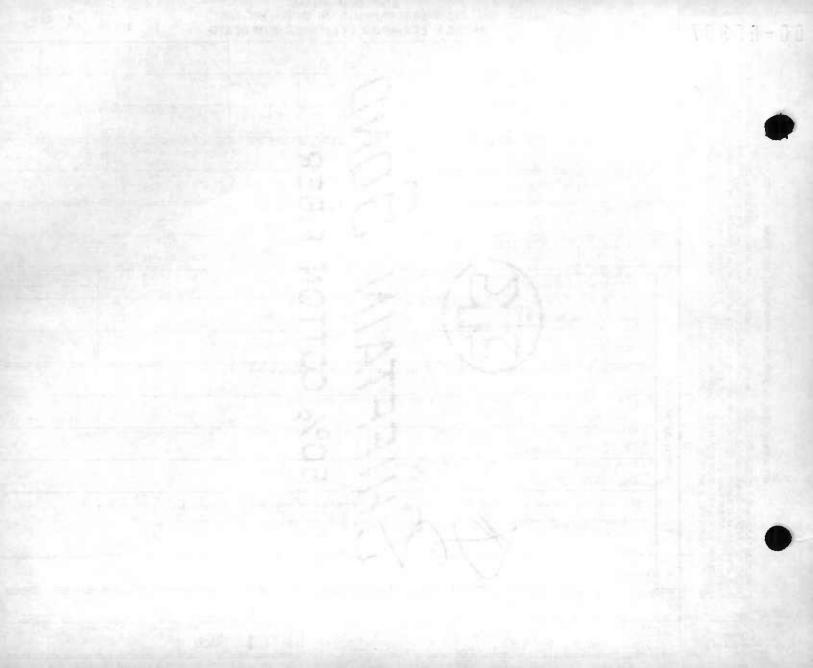


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U	J-0 0	4	-	1-	STATE REGISTRAR			CATE OF DEATH	6 O REG. NO.	1 1 1	C. V
	e e	page 3 er death			CEASED NAME FIRST CORPRINT)	ind	Ri	rdo	Y 29 So	ONTH DAY YEAR	S AMM
	ge 4 mo)	director, pa	N.	≱. SE	ALE	4. RACE WHITE	5. DATE OF	BIRTH YEAR 2	6. AGE (IN YEARS LAST BIRTH	YRS.	
1	leath. Pa	n 72 i	35		RTHPLACE (STATE OR FOREIGN RYLAND	7b. CITIZEN OF WHAT COUNTR USA	WIDOWEL		9. BALTIMORE CITY OR BALTIMORE	CITY	MD.
101	rs ofter o	July 1	T for Control	BA	The more	11. NAME OF HOSPITAL, NUR SINAL HUSPITAL	EET ADDRESS)	OTHER INSTITUTION	REPATRMAN	MORKING LIFE) INDUSTRY ELE(	OF BUSINESS OR CTRONICS
AND 2120	n 24thou	filled	eg Salah		AL RESIDENCE (IF NURSING HOME OR TATE 136 COULD		I NWC	13d INSIDE CITY LIMITS? YES MO []	130 STREET ADDRESS / 3635 Glong	ZIP CODE, APT	f. 5-C #21215
MARYL	led within	ampletely and 2 sh	examine	14. FA	THER'S NAME ROBERT	RUDO RUDO	544	IS. MOTHER'S MAIDEN NAI SARAH	WIDDLE	NIA	iman
BALTIMORE, MARYLAND	be executed	n and co	medicol	16a V	VAS DECEASED EVER IN U.S. AR.	MED FORCES? 166 SOCIAL SE E WAR OR DATES) 212 10	0936	3635 GLENO		BALTO., MD	21215
ST., BALI	rtificote	physicio on papers emaval.	event, the		PART I. DEATH WAS CAUSE	ly one couse per line for (a), (b), D BY: E CAUSE (a) Card	ond icu	ic Shock			NONSET AND DEATH
201 W. PRESTON	res that the deoth ce	gned by the attending n please remave carb burial, cremotion, or r	y, ar ather traumatic		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT (	DUE TO, OR AS A CONSECT  (b)  DUE TO, OR AS A CONSECT  (c)  CONDITIONS CONTRIBUTING T	UTC DUENCE OF	· ·	ICA Infavo		o hours
DIVISION OF VITAL RECORDS,	ne law requ	hos been sign permit. Then ane prior to b	ows any inju	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WHI	CH OPERATION	I WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FIND IN CERTIFYING CAUSE YES	DINGS USED ES OF DEATH? NO
OF VITA	ICIAN: The	#10	Item 18 sho		2 to ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	in .	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY		
NOISION	4G PHYSI	N Sec	markedor	MEDICAL	21d. INJURY OCCURRED  WHILE ONT WHILE OF AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC )	211. LOCATION STREET	CITY OR TOW	N COUNTY	STATE
	ATTENDIE spital or	S S T	21 is		saw the deceased alive on	tal) attended the deceased from		that in (my) (our) opinion	, to death accurred on the date	e and hour and from th	e couses stated
	AL OR A		T: If hem		226 SIGNATURE MALLIC	· V Browl	, l'	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	- 11-	E SIGNED
	O HOSPIT	TO FUNERAL shauld be deta with the State	MPORTANT		MARCIA  MARCIA	VIBROUK		SIACI H	ospitals.	f Bult	more
	₽₽		≤		URIAL, CREMATION, REMOVAL SPECIFY) BURIAL	MAY 2,1986	AITZ CH		13d. LOCATION CITY OF TOWN BALTIMORE		MARYLÄND
		- 16 50M 4/ RA 15, 4)	/83		INERAL DIRECTOR SOL LI	ADDRES	5	25a. DAT	Y 6 1986	b. REGISTRAR'S SIGNA	Handell
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	1	100				OF MARYLAND			97		
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1 20	1.56		4. RACE		5. DATE C	F BIRTH	6. AGE (IN YEARS LAST BI				
4 9 9 6 F	1	Female	Wh	ite	Dec.		71 9	YRS.	AYS HOURS MIN.		
1 1	7a. BI	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUN	TRY? 8	NEVER MARRIED	9. BALTIMORE CITY	R COUNTY OF DEATH	1,		
17	1	PA		JSA	WIDOWE	DIVORCED [	Baltimo		MD.		
1 1	10 C	TY OR TOWN OF DEATH		HOSPITAL, NU		ROTHER INSTITUTION	128 USUAL OCCUPAT		ID OF BUSINESS OR		
5 ( n 1) (X		Baltimore	6227	Northw	vood Dr	ive	Housing [		JHU		
ND 21120	DSU.	AL RESIDENCE (IF NURSING HOME O	R OTHER INSTITUTION	13c. CITY OR	TOWN	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 6227 Nort	:hwood Dr	. 21212		
1 1 1	14.97	THER'S NAME		1		15. MOTHER'S MAIDEN N	NAME				
# 1 120V	)	Dr. James	A. H	Hughes		Ruth	MIDDLE	Rundio	LAST		
		VAS DECEASED EVER IN U.S. AF	RMED FORCES?	166 SOCIAL	SECURITY NO.	17 INFORMANT	ADDR	ESS			
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AMI		18. CAUSE OF DEATH (Enter o							PROXIMATE INTERVAL EEN ONSET AND DEATH		
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EST Contraction of the contraction of the contracti		Canditians, if any, which	(b)_	nanit	ion,in	cestinal o	bstruction	,			
W. PR by the common common other tr		gove rise to immediate cause (a), stating the underlying cause last.	DUE TO,	R AS A CONS	and of	cardioresp	iratory ar	rest.			
25, 201 parter il am pilos po birras pry, or	NO	PART 2. OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE OR CON	IDITION GIVEN IN PAR	T Iro		
RECORI	CATIO	19a. DATE OF OPERATION	19b. COND	ITION FOR WI	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAU	NDINGS USED SES OF DEATH?		
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2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -		220.1 certify that (1) This hasp		he deceased fr	am		6 , to 4/23	. 19_86	, tha (we) lost		
E 4 6 4 2 2		tow the Occased alive or obover ( ) we) (did) (dions	of view the both	ofter death.	1986, ar	d that in (my) (aur) opinio	on death accurred on the d	ate and hour and from	the causes stated		
Me has the best of		17 CO 1 1 CO 5	A	0001	Abe	DEGREE ATTENDING	A MEDICAL STA	FF	ATE SIGNED		
大	+	22d. PHYSICHAN S NAME TYPE	ER V ANTA E	A.V.		PHYSICIAN 22e. ADDRESS	DIRECTOR PHYSI	JAN L	1100		
HOSPITA Lined by Und he did Life Star	10	611 Park A	Avenue	D		611 Pank	Avenue, Ba	alto. MD			
5 g 5 g g <del>Z</del>	73s. I	JURIAL CREMATION, REMOVAL	VITAL BAIL	21201	23r. NAME OF C	EMETERY OR CREMATOR	Y 1236 LOCATION	11000, 1010			
BP		Burial	4/26			Carmel	CITY OR TOWN	Carmel.	PA		
DHMH - 16 50M 4/82		JNERAL DIRECTOR Henry					ATE PECID BY PEGISTRAE	TEL PEGISTPAPES SICH	SALITAIA		
(VRA 15, 4)		905 York Roa		ADDR	ESS		APR 29 1986	Julia Davidson	-Honor		

H. MIRA nite Do. 1 1 T1 PA USE & City UHLUHU evin a nive MS Saleo. x Saleo en., etata Er. James A. Hughes Futh L. Runtin 178 24 8088 Vires Alofo, Ealto., , IND ell Perk Avanua, Balto., VIL Funial (28'0) Mount Control Mount Control, Hone W. Jondie & Son Co. 4205 York Food Balto., AM 21212 AM 80 DE MAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 00-05367 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME O DATE KNOWN E OR PRINT ESTI-Louise Satterfield DEATH MATED 25/19 86 4. RACE 6 AGE (IN YEARS | IF UNDER 1 YR. 5. DATE OF BIRTH IF UNDER 24 HRS DATE MONTH DAY LAST BIRTHDAY RONOUNCED 03 1923 DEAD 86 Female Black 62 PM 25/19 TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? XSeparated Maryland S. DIVORCED Baltimore City, II. CITY OR TOWN OF DEATH 1). NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 112b KIND OF BUSINESS Baltimore Sinai Hospital Domestic Pvt. Family USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 1130 STREET ADDRES 4307 Pimlico Road 134 INSIDE CITY LIMITS? 13a. STATE 13c CITY OR TOWN Maryland Baltimore Baltimore, Maryland 21215 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Charles Jones Madeline Hawthorne 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 2209 Ws Grace Street DIVISION (YES, NO, OR UNKNOWN) 216-34-9287 No. James M. Bridges Richmond, Virginia 23220 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) RETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Arteriosclerotic Cardiovascular Disease IMMEDIATE CAUSE (a)\_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate couse (a) stating the under DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION Diabetes Mellitus 19g DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO Y TO BU 2 Ia EXTERNAL CAUSE WAS 216. TIME OF INJURY 214. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M 19 21e PLACE OF INJURY (AT HOME 21f LOCATION STREET STREET, FACTORY, FARM, ETC.) WHILE AT WORK CITY OR TOWN COUNTY 220 I certify that I took charge of the remains described above, held on Autopsy ond in my opinion TO FUNERAL DIRECTO AFTER DEATH, WITH THE BALLIMORE, MARYLAN death resulted from: Natural causes Undetermined manner TITLE (SPECIFY) ACTUAL DATE Assistant MEDICAL EXAMINER 4/27/86 SIGNATURE EXAMINER'S NAME Kauffman, M.D. (TYPE OR PRINT) Gregory R. 111 Penn St 23c. NAME OF CEMETERY OR CREMATOR 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION May 2, 1986! Baltimore, Cemetery Burial Baltimore, Maryland 07/84 BP 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24. FNUTE COR Sons Funeral Home, Inc. **DHMH - 17** 2501 Gwynns Falls Pkwy. Baltimore, Md. 21216 (VR A15 ME (5))



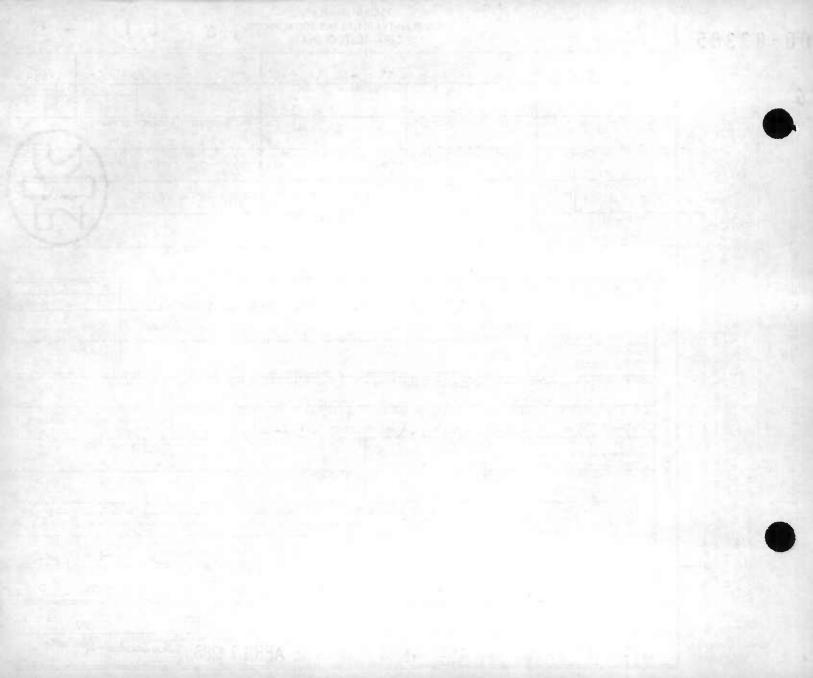
WM. C. MARCH F/H INC. 1101 DORE NORTH AVE.

DHMH - 16 60M 7/B4

(VRA 15, 4)

STATE OF MARYLAND

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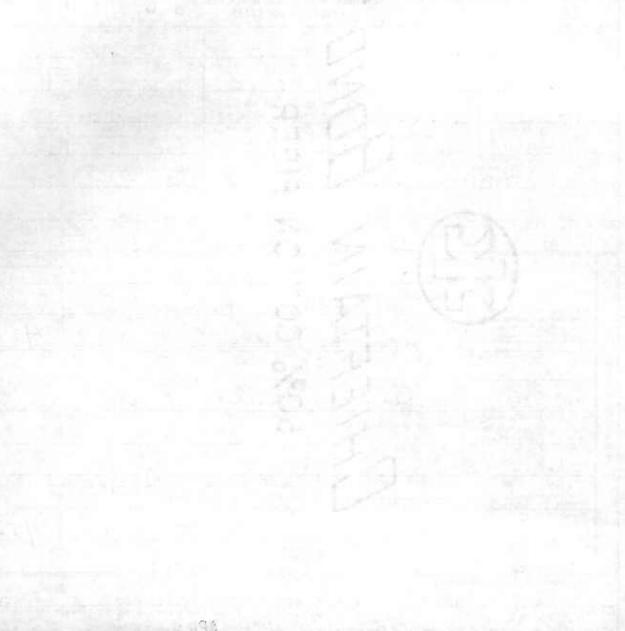
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L'TIM	INC. AFTER MITH FOR PAGES DIVISION	no	ES, NO, OR UNKNOW	N) (IF YES, GIVE	WAR OR DATES)	213-16-612				's (wife)		dress	
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TTEN TOR for u		sow the deceased	dive on 7/4	19	86', on	d that is (my	(lour) opinion	death accurr	ed on the	date and h	nour and	from the	couses st	toted
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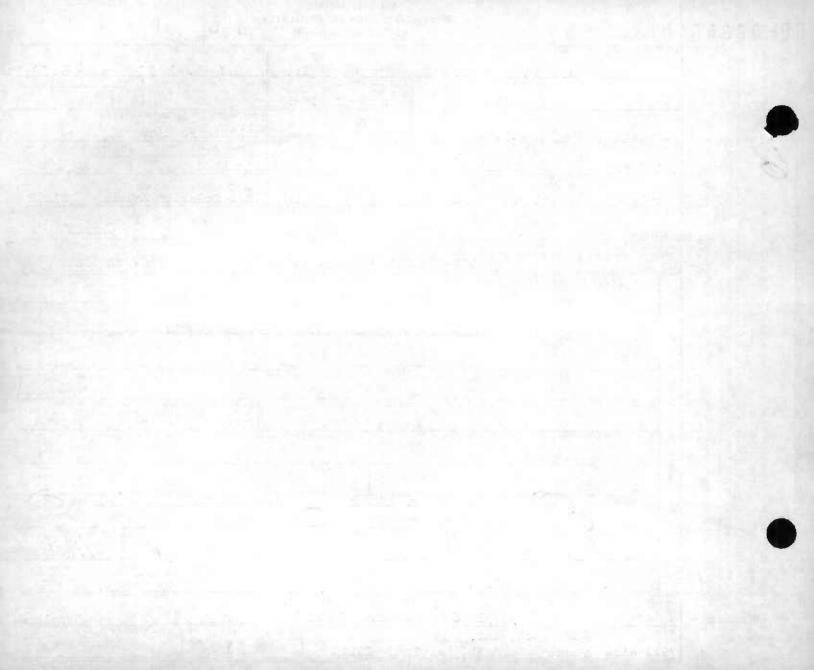
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE. 00-02839 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME MIDDLE 2a. DATE OF DEATH MONTH 2b HOUR (TYPE OR PRINT) r death HEZEKIA 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS DAYS Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED . NEVER MARRIED WIDOWED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND O (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Chauffer Federal Tin & Co. 136 COUNTY 13d. INSIDE CITY LIMITS? NOF IL FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Martin Hezekiah Savage Emma 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT 2513 N. Ellamont St. (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Baltimore, Md. 21216 Edythe Evans no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a Canditians, if any, which gave rise to immediate cause (a), stoting the underlying cause last. RECORDS, CERTIFICATION 190, DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPS IN CERTIFYING CAUSES OF DEATH? YES T NO YES [ NO [ 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) PM 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE AT WORK 22a I certify that (1) (this hospital) attended the deceased from saw the deceased alive an and .19 8 , and that in (my) (our) apinian death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did from view the bady after death 22b. SIGNATURE ATTENDING ) MEDICAL MPORTANT; PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME 22e: ADDRESS d b shaul with 23a. BURIAL, CREMATION, REMOVAL 231. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION (SPECIFY) CITY OR TOWN 4-10-1986 Mt. Zion Cemetery Baltimore MD. Burial 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 50M 1/81 Nutter & Sons Funeral Home, INc. (VRA 15, 4) APR 0 8 1986 Gwynns Falls Pkwy. Baltimore, Md. 21216

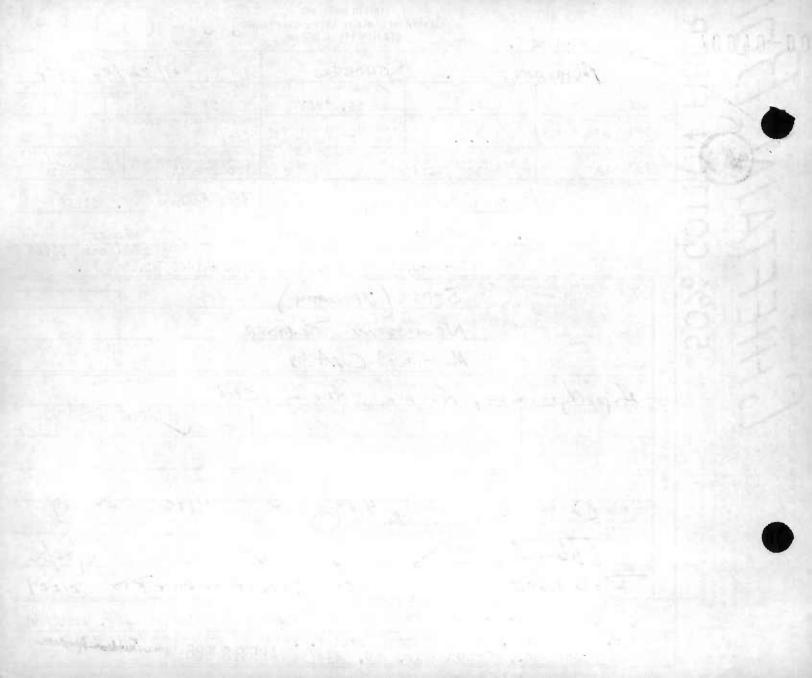
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8 /	1.58		4. RACE		5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	
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		SPECIFT)					CILLORICANIA	COUNTY	STATE
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16 60M 7/B4			4/25/	86 Lo		Park Cemeter 21229 250. D			Maryland



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4)	79:	22 Wise Av	enile	Dunda	lk Ma	ryland	21222	AL	17 1 1 1	SIGN	I CONTRACT	THE DESIGNATION OF THE PERSON	Albert South



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH Margaret C. Schoberg REG. NO DECEASED NAME LAST 20. DATE OF DEATH MONTH 4 DAY 76 YEAR 6 26. HOUR 26 June 22, 1911 White Female 74 BIRTHPLACE INTALE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U.S.A. Citu DIVORCED WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b KIND OF BUSINESS OR INDUSTRY Baltimore Mercy Hospital Bookkeeper Pawn Shop ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130 STREET ADDRESS / ZIP CODE 1004 Collwood Rd. 13d INSIDE CITY LIMITS? Maryland Catonsville Baltimore 21228 NO IX 15. MOTHER'S MAIDEN NAME Francis McIntire Mollie Riordan Baltimore MUNNAS DECEASED EVER IN U.S. ARMED FORCEST 166 SOCIAL SECURITY NO. 17 INFORMANT 214-14-0369 Bernadette Green - 1441 Barrett Rd. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for a), (b), and ic PART I. DEATH WAS CAUSED BY. SPSIS MRINAPU IMMEDIATE CAUSE IO DUE TO, OR AS A GONSEQUENCE O NEUROGEMI Conditions, if any, which gave rise to immediate couse (a), stating the DUE TO, OR ASIA CONSEQUENCE OF PART 2 DITHER SHAND, ANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART THE 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? TIG. ACCIDENT WAS UNDERLYING [ ] 216 TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH OF EGINER INCIDEN MEDICING EXAMINERS P.M. 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE TO NOT WHILE T 220.1 certify that (1) this haspital) attended the deceased from saw the deceased alive an. aur) apinian death accurred an the date and haur and from the causes stated abave, (I) (we) (did) (did nat) view the bady after death DEGREE 22c. DATE SECNED ATTENDING MODICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN EISINGER (411 DLD FREDERICK PI) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE Burial New Cathedral Cemetery Baltimore City, Maryland 4-29-1986 LEVER DIMECTOR Russell C. Witzke Funeral Homes P.A. 250 DATE RECID BY REGISTRAR 250 RE DHMH - 16 60M 7/84 1630 Edmondson Ave., Catonsville. MD. 21228 (VRA 15, 4)



TO HOSPITAL

BP.

DHMH - 16 60M 7/84

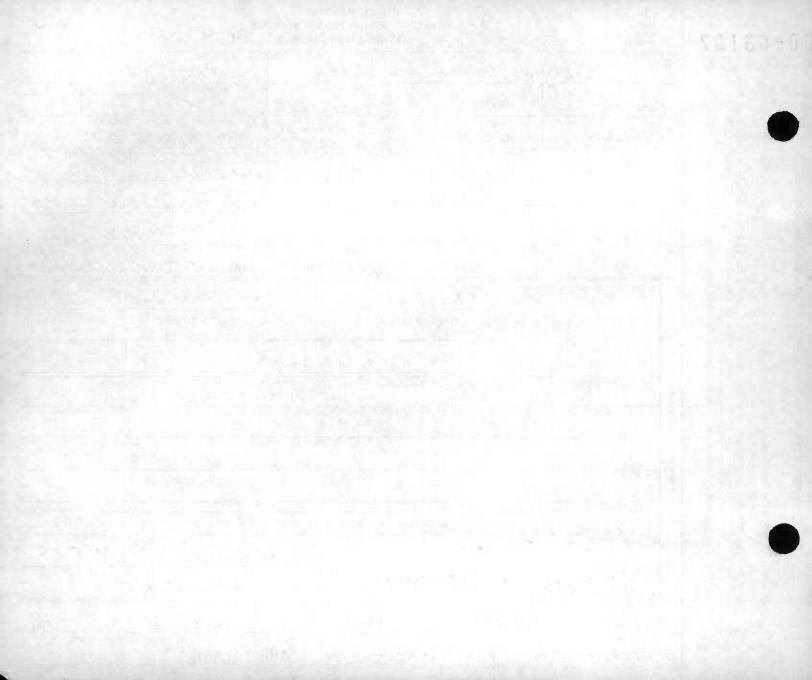
(VRA 15, 4)

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

17/	1.	FOR STATE REGISTRAR	DEPARTI		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 5		3 0
10		CEASED NAME FIRST	MIDDLE	i	AS1		MONTH DAY YEAR	2b HOUR
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	3. SE.	/	4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIR		
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1 Ce		IRTHPLACE (STATE OR FOREIGN	The CITIZEN OF WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	
5	1	MARYLAND	U.S. A.	WIDOWE		BALTI	MORE CIT	MD.
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E		22a I certify that (I) (this hospi	ital) attended the deceased from_			, to		that (I) (we) last
21 :		sow the deceased alive an	19	, or	d that in (my) (our) opinion o	death accurred on the do	ate and hour and from the	couses stated
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MPORTAN		278 PHYSICIAN'S NAME (TYPEC	N (C. PATE	rici,	· 2926 E. C	Coldsprine	CLANE	
<u>×</u>	23a B	BURIAL, CREMATION, REMOVAL SUBJAZ	236. DATE APR. 10, 1986 1	PARK	Wood CEM	23d. LOCATION CITY OF TOWN BAITIM	OUNTY	STATE A.
7/84	24 FL	UNERAL DIRECTOR	ADDOESA		- /		256. REGISTRAR'S SIGNA	TURE
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	STATE OF MARYLAND
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REG. NO.				

- S1	TATE EGISTRAR	DEPARTA		ICATE OF DEATH	REG. NO.	1 1 1	3 /
1. DECEA	ASED NAME FIRST PRINT)  JE.	AN S. SCHU	JCHA	RDT	20 DATE OF DEATH MON	1 23 /86	26. HOUR
1 SEX		4. RACE	5 DATE C		6. AGE (IN YEARS LAST BIRTHDAY	MONTHS DAY	
	Female	White	Mar	. 31, 1917	69	YRS	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
BIRTH	PLACE (STATE OF FOREIGN	TO CITIZEN OF WHAT COUNTRY?	0	NEVER MARRIED	9 BALTIMORE CITY OR CO	OUNTY OF DEATH	
	MD	USA	WIDOWE		Baltimore	City	
IO. CITY	OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO		OF BUSINESS
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130 STA	RESIDENCE (IF NURSING HOME OR OF THE 13b COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE TY 13c. CITY OR TOW Balto.	N	13d INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIE	code	212 La.
14 FATH	ER'S NAME	SIDDIE LAST		15. MOTHER'S MAIDEN NAM			
	John A.	Schaefer		Myrtle	Elizabet	h Fife	P P P P P P P P P P P P P P P P P P P
	DECEASED EVER IN U.S. ARA		RITY NO.	17 INFORMANT	ADDRESS	The state of	
(AEZ	NO OR UNKNOWN) (IF YES, GIVE	219 05 T	7237	Henry Schu	ichardt,	Same	
	ART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO D				ON GIVEN IN PART	
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WE WE	MILE NOT WHILE WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.	ARM, ETC }	211 LOCATION STREET	CITY OR TOWN	COUNTY	STAT
	saw the deceased alive on abave, (I) (ve) (did)(did not	attended the deceased from		3/23 , 19 86 and that in (my) Our opinion of	, to		
	b. SIGNATURE L.	Jugin		DEGREE  ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	10. 1	23/80
		ZIRE MD		Cord:	Garmanita	y Hosy	stat
(SPEC	ial, cremation, removal Burial	4/26/86	ruid	Ridge	Pikesvil		MD STATE
	RALDIRECTOR Henry NAME York Road	y W. Jenkins 8 Balto., MD	2 Sor 212	OC. IN	R 23 1986	REGISTRAR'S SIGNA	TURE

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

should be detoched for use as the burial-transit permit. Then please remove carbanpape with the State Dept, at Health and Mental Hygiene prior ta burial, crematian, ar remaval

TO FUNERAL DIRECTOR: After this certificate has been

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No. 15 15 Coldinated La.

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Europe Vor Roll Property Communication (1997)

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3	FOR STATE EGISTRAR		DEPAR	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	9 0		
1	PECEASED NAME	FIRST	MIDDLE	LAST	REG. NO.	INTH DAY YEAR	26 HOUR
1	TYPE OR PRINT)	HERMAN	А. В.	SCHWANKE	April 1	1, 1986	-7 A
1	SEX		RACE	5. DATE OF BIRTH	& AGE (IN YEARS LAST BIRTHD		R IF UNDER 24 HI
M	ale	105	White	MONTH DAY YEAR	00	MONTHS DATE	HOURS MI
- 1	BIRTHPLACE (STAT	F OR FORFIGN 7	b. CITIZEN OF WHAT COUNTR'	Nov. 2, 1897	9 BALTIMORE CITY OR C	OUNTY OF DEATH	
6	COUNTRY)	, on one or		MARRIED   NEVER MARRIED			
	CITY OR TOWN OF	DEATH 1	NAME OF HOSPITAL NURS	WIDOWED DIVORCED DIVORCED	Baltimore		OF BUSINESS (
9.4	altimore		(IF NOT IN SUCH FACILITY, GIVE STRE	ET ADDRESS)	(TYPE OF WORK FOR MOST OF W	ORKING LIFE) INDUSTR	1
		NURSING HOME OR O	Edgewood Nur		Machinist R	owan Conti	ol Co.
$\theta$	a STATE	136 COUNT	Y 13c CITY OR TO	WN 136 INSIDE CITY LIMITS?	13e STREET ADDRESS / Z		
1	FATHER'S NAME	Bal	to. Parky	IS MOTHER'S MAIDEN N	7703 Hills	way Ave.	21234
SN	FIRST	м	IDDLE LAST	FIRST	MIDDLE		AST
9	Edward WAS DECEASED E	VED IN IT C A DAM	Schwanke MED FORCES? 166. SOCIAL SE	CURITY NO. 17 INFORMANT	ADDRESS	Kohlhoi	f
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages and 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
	TO HOSPIT	should be a

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o)	by the fu	Southed S		SALTIMORE	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR	SING HOME OR OTHER INSTITUTION HEET ADDRESS) HOME TO THE STATE OF THE	120 USUAL OCCUPAT Type OF WORK FOR MOST OF Key Punch	
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TIMORE,	on and s. Pages	medical		VAS DECEASED EVER IN U.S. AR (IF YES, GIV		6-2486 Toni Bu	tton 5054	+ Clifton Avenue
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DIVISION OF VITAL  NG PHYSICIAN: The	1 1 0	Hem 18 s	VEDICAL CE	2]0. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	URRED (ENTER NATURE OF INJU	RY IN ITEM 16 PART I OR PART 2}
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PIVI R ATTENDING		m 21 is m		sow the deceased alive an above, (1) (we) (did) (did no	tol) attended the deceased from  4 - 24 19 11) view the body after death.	od that in (my) (our) opini	on death occurred on the de	24 19 8 12, that (I) (we) lost ote and hour and from the causes stated
0 1	AL DI detach ote De			22b. SIGNATURE  LOKEMO  22d. PHYSICIAN'S NAME (TYPE O	robor Edor	DEGREE  M 1) ATTENDING PHYSICIAN  1220 ADDRESS	MEDICAL STA	224. DATE SIGNED 4-24-86
TO HOSPITA	TO FUNER should be	MPORTANT		COKESWAR	A RAO EDA	RA Clocops		HOSPITAL. 21234 MO.
В	P		- (	URIAL, CREMATION, REMOVAL SPECIFY Burial	<sup>23b.</sup> DATE 4/28/86	King Memorial Park	Randall	No. of Section 1
	H - 16 60M : (VRA 15, 4)	7/84		17 Tam C. March	F/H West 4300°	*Wabash Avenue	APR 25 350	256 TEGUST CAR S SIGNATURE

	1					OF MARYLAND			
0-02575	1-	FOR STATE REGISTRAR Alber	rt Perna	rd Seebod	ENT OF H	EALTH AND MENTAL HYGICATE OF DEATH	BIENE B S		
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a de la constantina della cons	3. SE	Male	4. RACE		5. DATE C	F BIRTH	6. AGE (IN YEARS LAST BIRTH	MONTHS DA	
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erol dir		RITHPLACE (STATE OR FOREIGN  LUMTRY Md.	76. CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	NEVER MARRIED DIVORCED	9. BALTIMORE CITY OR Baltimore		MD.
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135	USU, 13a S	AL RESIDENCE LIF NURSING HOME MARYLAND	DR OTHER INSTITUTION INTY	134. ETY OR TOWN	admission) V	138 INSIDE CITY LIMITS?	13e.STREET ADDRESS /	ZIP CODE Rd.	21221
3)/3	P FA	THER'S NAME FIRST John S	Seebode	LAST		15. MOTHER'S MAIDEN NA		icz	LAST
Poort ond St		VAS DECEASED EVER IN U.S. A	ARMED FORCES?	214 14 8		Barbara C. S	ADDRES Deebode, Wife		
201 W. PRESTON ST., BAR es that the death certificate ned by the attending physic please remove corban paper uriol, cremotion, or removal.		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMEDIA  Conditions, if ony, which gove rise to immediate couse (oi, stating the underlying cause last.	DUE TO, OI	RAS A CONSEQUENTER AS A CONSEQ	NCE OF	arrest	nfarcho	APPR	ROXIMATE INTERVAL EN ONSET AND DEATH
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		226 SIGNATURE - C	romin	MO		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA		13186
TO HOSPITAL retoined by the TO FUNERAL should be detoi with the Store E IMPORTANT: If		PATRIC		20 NIN		27e ADDRESS 4940	Eastern:	sue.	
BP	230 8	urial, cremation, remova urial	236 DATE 4/7/8	86 Sa		EMETERY OR CREMATORY Heart of Jesu	23d. LOCATION BALTIMOT	e Co. COUNTE	STATE
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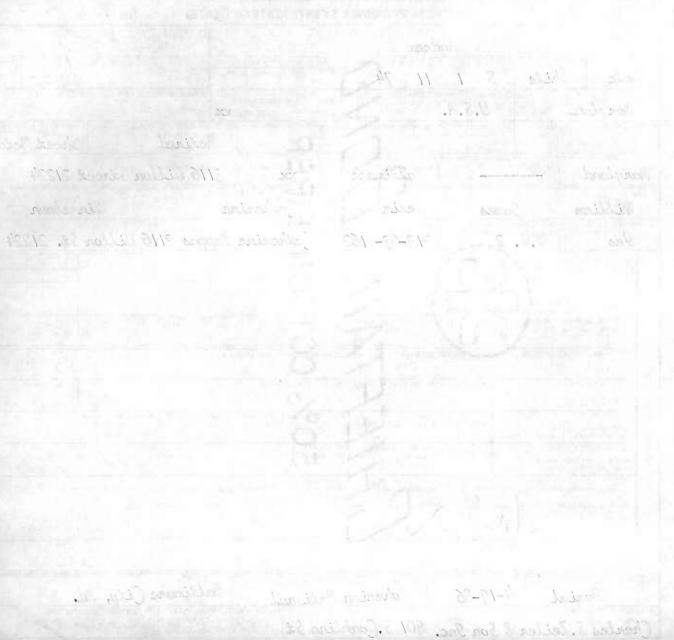
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				STATE OF MARYLAND		
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9 60	100	JOHN	Michael	SEITZ	APRIL 18, 1986	1201A M
2 87	3. SE)		4 RACE	5 DATE OF BIRTH MONTH DAY YEAR		FUNDER I YEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN.
	1	nale	White	April 20 1963	RR YRS	
4 1 50		OUNTRY	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
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AND 21.	A CO	TATE	NTY 136. CITY OR TON	WN 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 5505 Grand	2104H
	18] FA	THER'S NAME		15 MOTHER'S MAIDEN NA		The work with
1 11/1/	V	Greene C	MIDDLE Sent	FIRST	cia Lind	LAST
	160, )	AS DECEASED VER IN U.S. AF	RMED FORCES? 16b. SOCIAL SEC		ADDRESS 6150	PRTYWINKSN
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Per		22h SIGNATURE //	1 1 View me body direr deam.	DEGREE		22c. DATE SIGNED
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O HOSPITAL regimed by the TO FUNERAL hould be der with the Store		THE PHYSICIAN'S NAME (TYPE	1 / -1	J 22e ADDRESS	16. K 11.	210
0 0 0 d w	22. 5	1 Chas	1001	COLLOS	MODININ Has	pigal
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<u>≥</u>	OEP DEP	MEDICAL	21d. INJURY O	CCURRED NOT WHILE	21e PLACE C				CATION		CITY	OR TOWN	CC	OUNTY		STATE
۵	E, WRI SWARE PAGE STATE		WHILE AT WORK	AT WORK												
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724	<b>ヹ</b> ひにとさる		death resulte	d fram: Nesty	of courses X.	Accident	. Su	icide	. Hamicia		Undetermine		]. É			
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	TO MEDICAL EXAM EXECUTE THE CERTIF PAGE 4 SHOULD BE TO FUNETH UREC AFTER DEATH, WITH BALTIMORE, MARYL		(TYPE OR PRIN	T)AIIII	M. Dixon,				MDDMESS_			., BAl	to., M	D 2:	1201	
	<b>EDZZZ</b>		PECIFY)	ION, REMOVAL 2		23c. h	NAME OF CEA	AETERY C	R CREMATOR	RY	23d JOCATIO	NC	coy	INTY	STA	ATE
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	0.0			EASED NAME	FIRST	MIDDLE		LAS	1	2a. D	ATE OF DEATH MONTH	DAY YEAR 2b. HC	
	page 3		{ TYPE	OR PRINT)	ilbe	rt		Sel	lman		41	22/86 11	15 PM
λ	aoy pod	3410	3. SE)			4. RACE	5.	DATE OF			E (INYEARS LAST BIRTHDAY)		DER 24 HRS
30_	ector.	34		male		caucasian	2	HONTH	16/12		73 YRS.	MONTHS DAYS HOURS	S MIN.
	Pa dir	47		OUNTRY	REIGN	76. CITIZEN OF WHAT CO	UNTRY? 8.	MAPPIEN	NEVER MARRIED	9 BA	LTIMORE CITY OR COUNT	Y OF DEATH	1300
	death. Pa funeral dir	ouo 1	m103.	OHIO	1	V.SA.		VIDOWED			Ballimore	City	MD.
<b>b</b>	2 3	hed	-	TY OR TOWN OF DEAT		11. NAME OF HOSPITAL,			OTHER INSTITUTION		USUAL OCCUPATION  OF WORK FOR MOST OF WORKING	126. KIND OF BUSI	TES OR
6	of by the	6/6	B	alkimar	e-/	Sinci Ha		4	, C Balt.	. SA	ALESMAN	SPORTSWE	AR
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3	四年 香花	11/4	14 FA	THER'S NAME		MIDDLE	LAST		5 MOTHER'S MAIDEN		WIDDLE	LAST	
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A. P.	per per per	as d	IFIC							YF	IN CERT	IFYING CAUSES OF DE	ATH?
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P.	CLAN CLAN J. Phy ertific ob-tro	DE CO		OR CONTRIBUTING CA			TH DAY	YEAR 19					
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DIVISION OF	G Prenter the	ked	ME	WHILE NOT WHILE	1	(AT HOME STREET FACTOR	Y, OFFICE FARM	A ETC )	STREET		CITY OR TOWN	COUNTY	STATE
۵	O P OF Se as	mar				tal) attended the decease	d from	4	19 19	36	. 4/22	, 19 66, that [1	(we) last
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11	/ BP_/	1		BURIAL		4/25/86	HEB	REW	CEMETERY		GREENSBORO	NORTH CAL	ROLINA
1	DHMH - 16 60	M 7/84	24 FL		SOL I	LEVINSON & BI	ROS.,I	NC.	250	DATE REC	D. BY REGISTRAR 256 REGIS	TRAR'S SIGNATURE	
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	ıy be	age 3			OR PRINT)	AL7	ER	W,	Si	NKEE	ISR	20 DATE OF DEATH	MONTH 4	16 86	26. HOUR 9 23 A M
1	us 4 mo	2 offer		3. SE	Male		Cauca	Sian	5. DATE O	DAY	YEAR 16	AGE (IN YEARS LAST 8)	YRS	MONTHS DAYS	HOURS MIN.
	h	100	25		RTHPLACE (STATE OR F COUNTRY)	OREIGN	76 CITIZEN OF		MARRIE WIDOWE	NEVER MAR		Baltimore			MD.
1	30	11	3/	10. CI	TY OR TOWN OF DEA		11. NAME OF	HOSPITAL, NE	URSING HOME (	ical Cen	TION 1	20 USUAL OCCUPAT (TYPE OF WORK FOR MOST Machinist	ION	12b. KIND OI INDUSTRY	F BUSINESS OR
ND 212	24 hau	filled in I	35	USU/ 13a. S	AL RESIDENCE (IF NURS TATE aryland	13h COUN	OTHER INSTITUTION		BEFORE ADMISSION	13d. INSIDE CITY I		SE STREET ADDRESS 527 S. 47	th Str		21224
MARYLA	ed within	ampletely	130		THER'S NAME FIRST rederick		MIDDLE	Senk		IS. MOTHER'S MA		MIDDLE A.		Hutchi	nson
TIMORE,	be execut	on and co	medicul	Se (1	VAS DECEASED EVER (ES. NO OR UNKNOWN) (CS)		E WAR OR DATES)		SECURITY NO. <b>7-7772</b>	17 INFORMANT Margare	t F. S	enkel	ESS	Same a	s 13e
PRESTON ST., BA	he deoth certificate	he ottending physic emove corbonpape mation, or remavol	r traumotic event, t		PART I. DEATH W  Conditions, if any, gove rise to imm cause (b), stotin	AS CAUSEI IMMEDIAT which nediate	D BY: E CAUSE (v)  DUE TO, O	Cand RASACONS Diak	io palma sequence of serves	nary A	rres	:+			MATE INTERVAL INSET AND DEATH LINUTES
RDS, 201 W.	equires that t	n signed by the Then please rate to buriol, cre	injury, or athe	NOI	underlying cause	lost	(c)	ind.	TO DEATH BUT	Renal L	THE TERMIN	AL DISEASE OR COM	IDITION GIV	1	rars
DIVISION OF VITAL RECORDS,	he law r	cate has beer ansit permit. Hygiene prior	lows any	CERTIFICATION	190. DATE OF OPERAT	ION	196. COND	ITION FOR W	HICH OPERATIO	N WAS PERFORME	D	200 AUTOPSY?  YES ₩ NO□	IN CERTIF	, WERE FINDIN YING CAUSES	GS USED OF DEATH? NO 🔯
4 OF VIT	SICIAN: 1	certificate riol-trans ental Hyg	tem 18 sh	1.0	21a, ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC	AUSE OF DEA	1114	M. MONTH	DAY YEAR	21c HOW INJUR	Y OCCURRE	D (ENTER NATURE OF INJI	JRY IN ITEM 18 P	PART I OR PART 2]	
NOISION	AG PHYS	fter this as the but hand Mo	arked or	MEDICAL	21d. INJURY OCCURR	ILE 🗆	21e. PLACE (AT HOME STE		FFICE, FARM, ETC.)	211 LOCATION STREET		CITY OR TO	NWC	COUNTY	STATE
	R ATTENDII	CTOR: A d far use	n 21 is mo		22a I certify that (I) saw the decease above, (I) (west (d	d plive on	April	15	TOM TO	d that u (my) (our	o <u>S</u> 3	to April oth occurred on the d	ote and hou		hot (I) (we) lost couses stated
	HOSPITAL OR	e De	MPORTANT: If Iten		226 SIGNATURE Edward 226 PHYSICIAN'S NA Edward	RE (TYPE OF SEY	11 . /	ralio aus		ATTE ATTE PHYS 22e ADDRESS	NDING SICIAN	MEDICAL STA DIRECTOR PHYSI	FF CIAN []	221. DATE S	IGNED 6/86
	To	O of w	<u> </u>	23a B	URIAL, CREMATION, I	REMOVAL	23b. DATE	-	23c NAME OF C	EMETERY OR CREA	MATORY	23d. LOCATION			
	BP		3,16	В	urial		4/19/		Sacred	Heart Of					Maryland
	DHMH (V	- 16 50M 1 (RA 15, 4)	/B1		NERAL DIRECTOR D			AUUI	Maryland	21222	APR	REC'D. BY REGISTRAN	25b, REGIST	RAR'S SIGNATU	RE
				/	922 Wise A	venue	: Dull	ualk,	rarytanc	21222	7 34	2 2 200	7	.09.	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR I DECEASED NAME \*\*Joseph MICHE Serio 20. DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) 231 poge 3 86 4 RACE 3 SEX 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH YEAR White b. CITIZEN OF WHAT COUNTRY? OR COUNTY OF DEATH **BALTIMORE CITY** MARRIED NEVER MARRIED Church 21014 Serio ADDRESS NA WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 21207 (IF YES, GIVE WAR OR DATES) Campfield Ro John Serio (brother) 6824 Korean Yes 18 CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 116 CERTIFICATION 190 DATE OF OPERATION CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20e AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [ (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 00 HOUR A.M. MONTH DAY HIARD TO SELECT DIRECTION ROLL MEDICAL OF EDITIES MOTHY MEDICAL EXAMINER. 214 INJURY OCCURRED TIE PLACE OF INJURY 2H LOCATION CITY DETOWN MAZE AT HOME STREET, FACTORS, OFFICE, FARM, ETC. J. 22x I certify that Cithis haspital iour! Opinion death occurred on the date and have and from the causes stated DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIA MPORTANT 22e. ADDRESS ld b 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE Balto. Md. 4-21-86 Greenmount Cre ... Cremation 9705 Belair Road By REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 60M 7/B4 Schimunek Funeral Home, Inc Baltimore, Md. (VRA 15, 4)

Joseph m Serie 418 38 2 14 Make a White 15 30 Maryland OSA SEE Factor nece lity Elethown Morrows in all Morn land Handel with the MD Harford Bel 1" > 10 vermont flees, 2104 TRANK A SON Myorandial Infairten 2 House 4/8/86 (Enrich Stenens Thuille Start 7 86 Howile 86 Thereod W Heraclin mis MEDEL MAN

STATE OF MARYLAND

1-	STATE REGISTRAR		DEF		ICATE OF DEATH	8 REO NO		1 1	5 0
		FIRST	MIDDLE	ı	AST		MONTH DAY	YEAR	26 HOUR
(TYPE	OR PRINT)	EORGE F	· SHA	CKELFORD		.40	oril 17	1986	945 AM
3. SE)	(	4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIRT	HDAY) IF U	NDER I YEAR	IF UNDER 24 HRS
MA	ALE	BLA	ACK	10	23 17	68	YRS.		HOURS MIN.
	RTHPLACE (STATE OR FOR	REIGN 76. CITIZI	EN OF WHAT COUN	MARRIE	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	DEATH	
VA		t	JSA	WIDOWE	71	BALTIMORE	E CITY		MD.
10 CI	TY OR TOWN OF DEAT		ME OF HOSPITAL, N		PROTHER INSTITUTION	120 USUAL OCCUPATION		12b. KIND O INDUSTRY	F BUSINESS OR
	TIMORE CITY	Z t	UNION MEMO	ORIAL HOS	SPITAL	custodian			OFFICE
13a. S	AL RESIDENCE (IF NURSING TATE	S HOME OR OTHER INST	13c. CITY OF	RTOWN	13d INSIDE CITY LIMITS?	130 STREET ADDRESS / 940 E. 415		. MD	21218
14 FA	THER'S NAME	ECHINA O			15. MOTHER'S MAIDEN NA	ME	0711210		
	WILLIAM	WIDDLE	SHACKI	ELFORD	MYRTIE	MIDDLE		CAR	
	VAS DECEASED EVER IN	U.S. ARMED FOR		SECURITY NO.	17 INFORMANT	ADDRE	SS	0.00	
	YES, NO OR UNKNOWN)	(IF TES, GIVE WAR OR L		5-8025	MARY SHACKELI	FORD 940 E.	41 ST.	BAL	
	Canditians, if ony, gave rise to imme cause (a), stating underlying couse	S CAUSED BY.  MMEDIATE CAUSE  DUE  which diote the lost  Lost	E (a) C ON  E TO, OR AS A CON  (b) L  E TO, OR AS A CON  (c)	SEQUENCE OF	nonwry action	NNAL DISEASE OF CON	DIJION GIVEN		IMATE INTERVAL ONSET AND DEATH
NO		TCANT CONDIN	0110 0011111001111	0.000	THE TENTES TO THE TENT	III AL DISEASE ON COA		114173111111	
CERTIFICATION	190. DATE OF OPERATION	ON 19b.	CONDITION FOR V	VHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	G CAUSES	
MEDICAL CER	21g. ACCIDENT WAS UNDER OR CONTRIBUTING CAI (IF EITHER NOTIFY MEDICA	USE OF DEATH HO	TIME OF INJURY DUR A.M. MONTI P.M.	H DAY YEAR	21¢ HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART	OR PART 2)	
MEDI	21d. INJURY OCCURRE  WHILE ON WHILE AT WORK ORK	[AT F	PLACE OF INJURY HOME STREET, FACTORY, C		211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
		alive an AD	nded the deceased it is to be bady after death.	.19 <u>.86</u> , ar	nd that in (my) (aur) apinion		ite and haur on	d from the	
	22b. SIGNATURE	mod '	E. Ban		MO. ATTENDING PHYSICIAN	MEDICAL STAF		22c. DATE	17/86
	22d. PHYSICIAN'S NA	BANFER	МЪ		22e ADDRESS	ORIAL HOSPIT	ד גי	E.775	
23n F	BURIAL, CREMATION, RE			123, NAME OF C	EMETERY OR CREMATORY	23d LOCATION	.AL		
(	BURIAL		21/86		FOREST VA		S MILLS	OUNTY	WWW.ATE

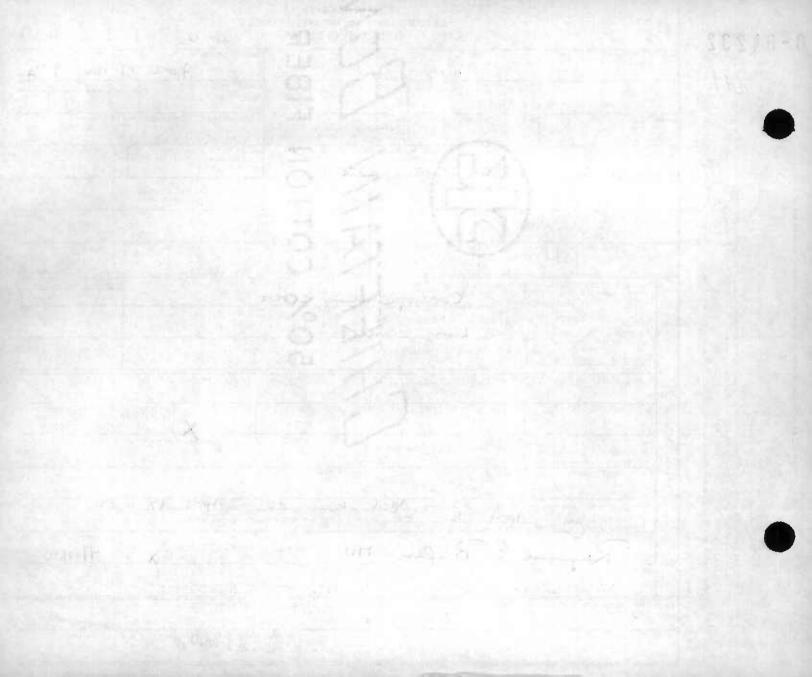
morked or Hem 18 shows

MPORTANT: If He

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR
WM. C. MARCH F/H 1101 E. NOR PRESSAVENUE

250. DATE RECD. BY 1986 ARIJSH REGISTRAR'S SIGNATURE



## DIVISION OF VITAL

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8 6 REG. NO.	•	ł	1	5	
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	REGISTRAR		CERTII	ICAIL OF DEATH	REG. N	0.				
ì	1. DECEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR	11	
	(TYPE OR PRINT) CARL	41/ (NMI)	5	HFAR	(	04-20-86				
۱	3. SEX	4 RACE	5. DATE O	OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY) IF UND	DER 1 YEAR	IF I DER 25	HRS	
	Female	White	MONTH 6	3 1903	82	YRS	S DAYS	HOURS	MIN.	
		76. CITIZEN OF WHAT COUNTRY	? B	_	9. BALTIMORE CITY		EATH			
4	Maryland	U.S.A.	WIDOWI	D NEVER MARRIED C	Baltimor	e City			MD.	
	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE		OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION 12		F BUSINES:	SOR	
4	Baltimore					omemaker				
		SUAL RESIDENCE (18 NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)								
d	Maryland	Baltim		YES X NO	Lane/21					
	14 FATHER'S NAME FIRST	AIDDLE LAST		15. MOTHER'S MAIDEN N			LAST			
	(Unknown)	Rosenfe	5fe	(Unknown		W	atem			
	160 WAS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL SEC		17 INFORMANT	ADDR	Balto.,	Md.	2121	0	
ă	(YES, NO OR UNKNOWN) (IF YES, GIVE	213/42/	3355	Joseph R. H	lirschmann/50	O W. Uni	vers	ity P	kwv.	
j	18 CAUSE OF DEATH Enter onl	y ane cause per line for (a), (b), a						MATE INTERVA		
	PART I. DEATH WAS CAUSED	BY. A		WMA OF	the lux	16	1	no Du	72	
	MAKEDIAT	-				TS HELD E				
1	Canditians, if any, which	DUE TO, OR AS A CONSEOL	JENCE OF			23.0				
1	gave rise to immediate couse (a), stating the	gave rise to immediate								
1	underlying cause last.									
1	PART 2. OTHER SIGNIFICANT C	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11:0								
7	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WEI				
4	TIFE				YES NO	IN CERTIFYING	CAUSES	NO [	17	
	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY			URRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I C	OR PART 2)		-	
Ě		IN	DAY YEAR							
	OR CONTRIBUTING CAUSE OF DEA:  (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d, INJURY OCCURRED	21e PLACE OF INJURY	10.11	21f LOCATION	CITY OR TO		OUNTY	STA	ve	
	WHILE NOT WHILE D	(AT HOME STREET, FACTORY, OFFICE,	FARM ETC )	STREET	CHYORIC	1	2	214	VIE.	
	22a.) certify that (1) (this hospit	al) attended the deceased from	04	104 19 8	6 10 04	20 190	16	that (1) (we	e) last	
	saw the deceased alive an abave, (I) (we) (did) (did nat	09/10/19	86	nd that in (my) (aur) apinio	an death accurred an the d	ate and haur and	fram the c	auses state	ed	
	22b. SIGNATURE	view the body differ deoffi.	1	DEGREE			22c. DATE S	SIGNED		
	WW	M	201	ATTENDING PHYSICIAN			04.	-21-	-86	
	22d. PHYSICIAN'S NAME (TYPE OF	PRINT)	-	22e ADDRESS	DIRECTOR TITION		R	100		
	\$- Zx	swelvin n	0	LEUNDA/	e Geniste	X SE	2	2/2	35	
	23a. BURIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF C	EMETERY OR CREMATOR	Y 23d LOCATION					
	Cremation	4/21/1986 G	reen M	Mount Cremato	ory Baltimor	e, Maryl	and :	21202	) 	
	24 FUNERAL DIRECTOR	ADDARGO		250. D	ATE REC'S BY REGODA	256 REGISTER	MACHINT	JRE .		
	Walter Brooks Bradley Inc. Balto., Md. 21222 AFR 23 1900									

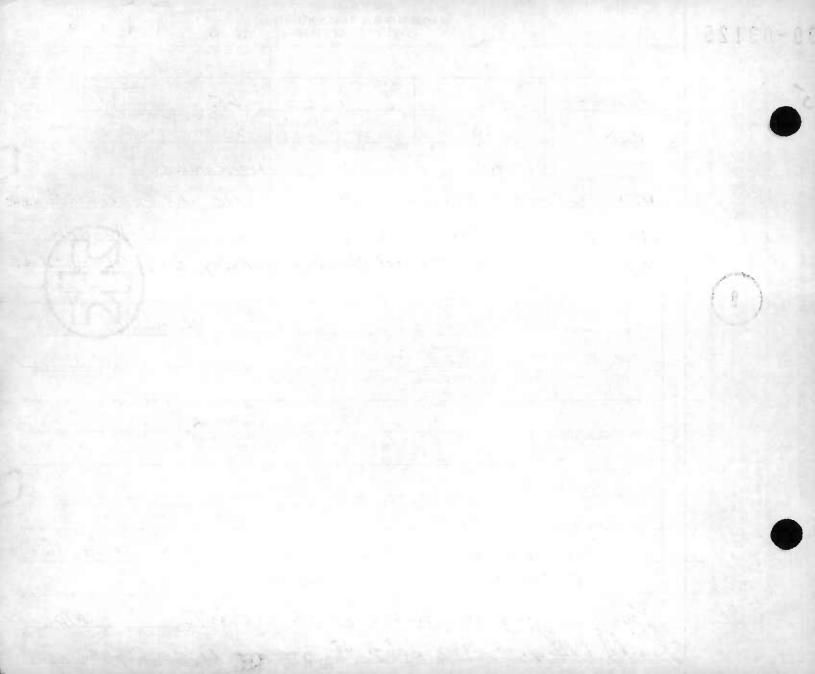
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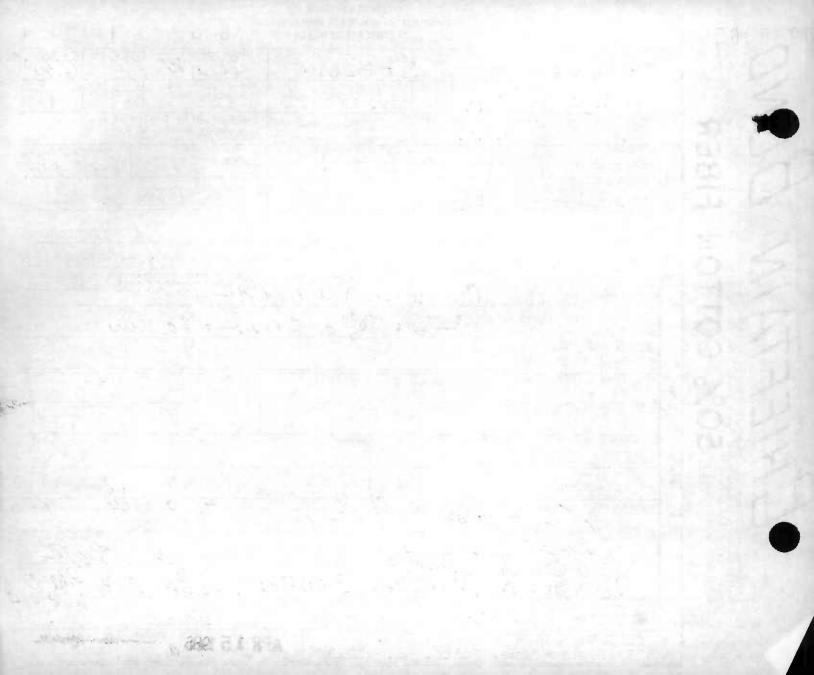
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à se	3. SE	X	4. RACE	5. DATE O		6. AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS
Poge 4 n director, hours ofte	1	EMALE	WHITE	MONTH 5	- 19 1903		YRS.	ONTHS DAYS	HOURS MIN.
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ter dec	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N		ROTHER INSTITUTION	12g. USUAL OCCUPAT		125 KIND O	F BUSINESS OR
- 5 年 7 7 /	B	altmore City	SUL ON HOLL	STREET ADDRESS)	Baltrurare	HOUSEWIFE	OF WORKING LIFE		HOME
D 21201	USU. 13a. S	AL RESIDENCE (IF NURSING JOME OF	ROTHER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE		1101111
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MARYLAND led within 24 ond 2 should examiner mus		FIRST UNKNOWN	SHOST.	ÅK	FiRST	UNKNOWN		ŧAS	ı
MORE,		VAS DECEASED EVER IN U.S. AF		SECURITY NO.	17. INFORMANT	MR. ALVINAGA	EER		K-MSS
BALTIMORE, cote be executivistic on ond compers. Pages of vol.		NO	212	-20-4644	6522 COPPI	ERFIELD RD.	BALTO		21209
s, BAL		18 CAUSE OF DEATH (Enter or	nly one couse per line for (0), (	b), and (c).)	1 . 1.	Marca De Carlo		BETWEEN	MATE INTERVAL ONSET AND DEATH
T, ph np h	3	PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (0) Caroli	e Vanc	ular Celler	ue.			
ON S th cer nding corbo , or re			DUE TO, OR AS A CONS	SEQUENCE OF					
he death ce he ottendin emove corb motion, or	ijΝ	Conditions, if ony, which	( (b) CAN	DIDA	SEPSIS		320		
. + + - 0 0	3	gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONS	SEQUENCE OF					
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ECOR in mit. I	CERTIFICATION	19g. DATE OF OPERATION	19b. CONDITION FOR W	HICH OPERATION	WAS PERFORMED	20a AUTOPSY?	20b. IF YES,	WERE FINDIN	IGS USED
L RE lo no. no. no. no. no. no. no. no. no. no	FIG					YES T NOT	IN CERTIFY YES	ING CAUSES	OF DEATH?
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ON OF HYSICIA ding pl iis certif buriol-t Mental	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY	3	21f. LOCATION				
DIVISION OF VITAL RECORDS, DING PHYSICIAN: The low requir or ottending physicion. After this certificate hos been sig e os the buriol-transit permit. Then sith and Mental Hygiene prior to b marked or Item 18 shows any injury	ž	AT WORK AT WORK	(AT HOME, STREET, FACTORY, O	FFICE, FARM, ETC )	STRFET	CITY OR TO	WN	COUNTY	STATE
3 0 6		22a. I certify that M (this hosp	11/00	1		6, to 4/2	6		that (1) (we) lost
OR ATTEN e hospitol DIRECTOR oched for u Dept of the	. 3	sow the deceased alive or above, (1) [we] (did) (did)	of view the body after death.	.19 <u>86</u> , on	d that in (my) (of) opinion	death occurred on the de	ote and hour	ond from the	couses stated
OR A bollRE ched Dept		226. SIGNATURE	00		EGREE			22c. DATE :	SIGNED
Fe et et E		Fuhel 7	El Keller	uner	40 ATTENDING PHYSICIAN	MEDICAL STAI		4/2	6/86
HOSPITAL ned by th FUNERAL Jid be det othe Stote		224. PHYSICIAN'S NAME (TYPE			22e. ADDRESS	TIA	1+	^	
TO HOSPITA etoined by TO FUNER should be 6 with the Sto		TISHEL ZE	U LIBERMAN		Sinai Ho.	spilal Ba	//wwo	ue, B	elt, 40
		BURIAL, CREMATION, REMOVAL	23b. DATE APR. 27, 1986		METERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
BP	24 5	BURIAL	I A		TH ISRAEL AND		BALTIMO		MARYLANI
DHMH - 16 60M 7/84		UNERAL DIRECTOR SOL I	LEVINSON & BRO	S., INC.	h D	REC'D. BY REGISTRAR	ZOB. REGISTR	AR'S SIGNAT	UKE
(VRA 15, 4)		6010 REISTERSTO	OWN RD. BALTO.	, MD 212	215	11 20 1900		The way	1.0

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 20. DATE OF DEATH MONTH 1. DECEASED NAME 25 HOUR (TYPE OR PRINT) LAURA SHEETS APRIL 2, 1986 1:30 am 4 RACI DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 3. SEX VEAR 20 9. BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR FOREIGN MARRIED NEVER MARRIED COLINITRY DSA Baltimore City WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Baltimore Maruland General Hospital omemaker JUSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13b COUNTY 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP COD ATTERSON PARKETE 15 MOTHER'S MAIDEN NAME FIRST MIDDLE CEWICK 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY: ACUTE RESPIRATORY FATLURE MINITES IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF END STAGE CHRONIC OBSTRUCTIVE PULMONARY DISEASE Conditions, if any, which gave rise to immediate cause (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause PROBABLE SEPSIS DAVS PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 IFICATION CORONARY ARTERY HEART DISEASE 20h. IF YES, WERE FINDINGS USED 19n DATE OF OPERATION 195. CONDITION FOR WHICH OPERATION WAS PERFORMED 70n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 710 ACCIDENT WAS UNDERLYING 216 TIME OF INTURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER, NOTIFY MEDICAL EXAMINERS 714 INJURY OCCURRED 71e PLACE OF INTURY 21f LOCATION AT HOME, STREET FACTORY, OFFICE, FARM ETC.) CITY OR TOWN COUNTY WHILE NOT WHILE 220.1 certify that (IXIthis hospital) attended the deceased from March 24. 86 April 86\_ that (X (we) last saw the deceased alive an April 2. obove, (Nyen(did) (NXXX) view the bady after death 77h, SIGNATUE DEGREE 271 DATE SIGNED ATTENDING MEDICAL PHYSICIAN d b RROAND c/o Maryland General Hospital 23c NAME OF 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 (VRA 15, 4)



STATE OF MARYLAND



requires that the death certificate be executed within 24 hours often

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the hospital or ottending physician.

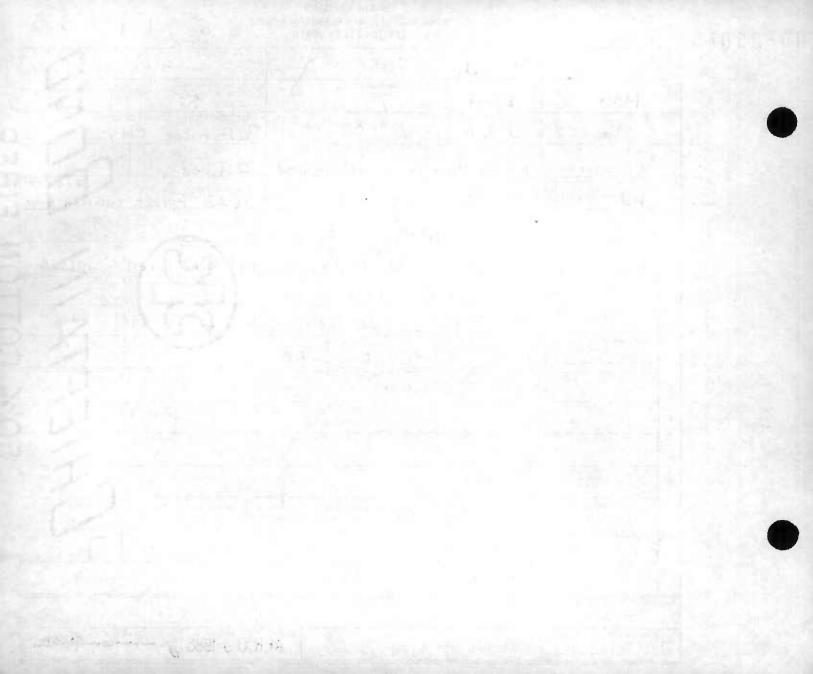
BP.

DHMH - 16 60M 7/ (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director should be detached for use as the busind-transit permit. Then please remove carbon papers. Pages Lond 2 should be filled within 72 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

	STATE BEGISTRAR		MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	S O REG. NO							
	CEASED NAME FIRST	PH J.	SHEPPARD	20. DATE OF DEATH	4 5 86 9:40						
1. SE	* Male	4 RACE black	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER LYEAR IF UNDER 2. MONTHS DAYS HOURS  YRS.						
	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore city of	Cid.						
10 C	Baltimbre	ME OF HOSPITAL, NURSIN NOT IN SUCH FACILITY, GIVE STREET	ADDRESS) S General Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF RELIEF							
13a. S	STATE ITEL UN		ore 13d INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE 2120 orest Garden A						
V	Nilliam	Sheppa	rd Lizzie	MIDDLE	Knox						
	WAS DECEASED EVER IN U.S. AR. YES, NO OR UNKNOWN) (IF YES GIV	MED FORCES? 166. SOCIAL SECU E WAR OR DATES) 218-14-	9823 Audrey She	powel 3622	0 1						
	18 CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c).  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a).										
7	Conditions, if any, which gove rise to immediate cause iol, stating the underlying cause last.  PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUE	DEATH BUT NOT RELATED TO THE TERM								
TIFICATION	gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE (c) (c) (c) (c) (c) (d) (d) (d) (d) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	ENCE OF FAILURE DEATH BUT NOT RELATED TO THE TERM								
CERT	gove rise to immediate couse 101, storing the underlying couse lost.  PART 2 OTHER SIGNIFICANT OF THE SIGNIF	DUE TO, OR AS A CONSEQUE  (c)  ONDITIONS CONTRIBUTING TO I  196. CONDITION FOR WHICH  196. CONDITION FOR WHICH  HOUR A.M. MONTH DA	DEATH BUT NOT RELATED TO THE TERM (1) A  OPERATION WAS PERFORMED  AY YEAR  19	INAL DISEASE OR COND 20a AUTOPSY? YES NO	DITION GIVEN IN PART 110  206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO						
MEDICAL CERTIFICATION	gove rise to immediate cause 101, storing the underlying cause lost.  PART 2 OTHER SIGNIFICANT C 190. DATE OF OPERATION  71a. ACCIDENT WAS UNDERLYING CAUSE OF DEA	DUE TO, OR AS A CONSEQUE  (c)  CONDITIONS CONTRIBUTING TO I  196 CONDITION FOR WHICH  216. TIME OF INJURY HOUR A.M. MONTH D.	DEATH BUT NOT RELATED TO THE TERM  (N) A  TOPERATION WAS PERFORMED  AY YEAR  19  216 HOW INJURY OCCUR!  STREET	INAL DISEASE OR COND 20a AUTOPSY? YES NO	DITION GIVEN IN PART 110  206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO 1						
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STATE OF MARYLAND

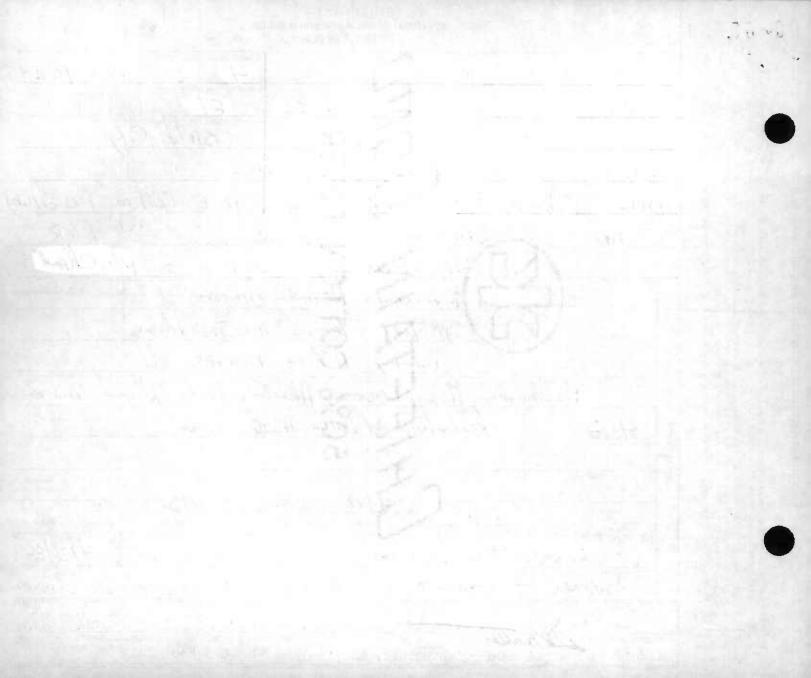


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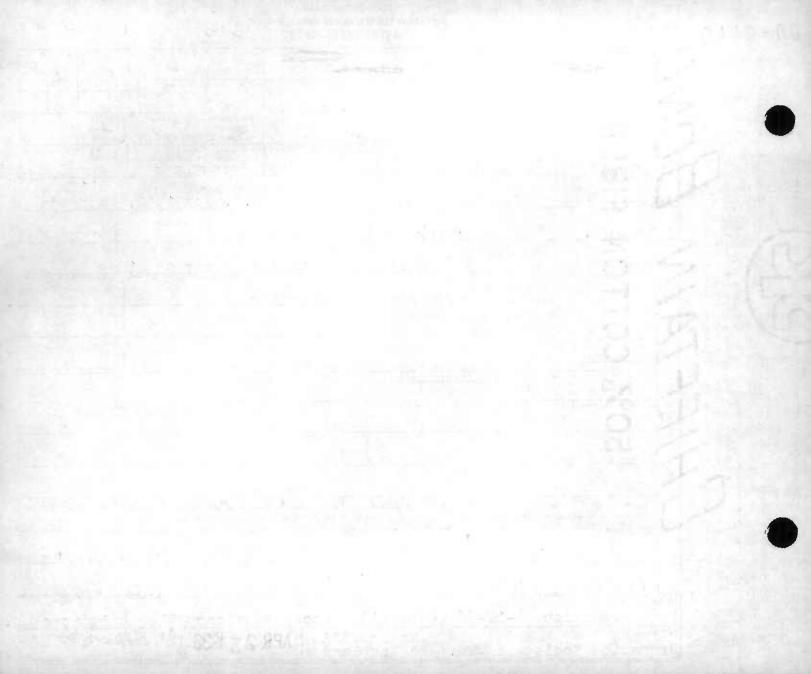
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	1 SE		4. RACE White	5. DATE (	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)  65  YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
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by the by the ERAL D e detoc		27% SIGNATURE	le Bours	4	ATTENDING PHYSICIAN 220. ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED
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DHMH - 16 60M 7/84 (VRA 15, 4)	C	harles S.Zeile	r & Son Inc. 9	01 S.Cor	rkling St AP	R. 1 8 1986 Julian	

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	ò P	page 3			ANNA		SHILEIKA	6111	FEB.	7/	7 86	7. JUM-
	E S	fter p		3 SE		4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)		DURS MIN.
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3.5	thic	stely	The	14. F/	THER'S NAME	WIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME	LAFT	
WA	P	1	(C)		Stanley	1	mitte	us	Anna	Mode	Mitku	S
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Z	Cer	ding arba or re	otic e		IMMEDIA		R AS A CONSEOU	ENCE OF				
RESTON	eat	tten ve co	E	3	Conditions, if any, which	(b)	AS A CONSEGO	EINCE OF				
er er	he	he a emo	er fro	$\sim$	gave rise to immediate cause (a), stating the	DUE TO OF	R AS A CONSEOU	ENCEOE				
3	Tot	by tose i	othe	1	underlying couse lost.	(6)	( A3 A CON3EOO	EINCE OI				
201	es t	ned ple	y. o.		PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIV	EN IN PART 110	
RDS	edo	Then to b	ului.	20	Preumonia							
DIVISION OF VITAL RECORDS,	× ×	bee mit.	à la	CERTIFICATION	190 DATE OF OPERATION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED		S, WERE FINDINGS	
1 8	he lo	has t per	S MO	TE								NO [
717	Z: T	rtificate al-transit tal Hygi	88	CER	210. ACCIDENT WAS UNDERLYING	216 TIME O		AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	ART : OR PART 2)	
0	CIA	ertificat ial-tran ntal Hy	E	A.	OR CONTRIBUTING CAUSE OF DE			19				
O	PHYSICIAN: ending phys	bur Me	5	MEDICAL	21d. INJURY OCCURRED	21e PLACE	OF INJURY		211 LOCATION STREET	CITY OF TOWN	COUNTY	STATE
VIS	G P	er the	ked	Z	WHILE NOT WHILE	(AT HOME STR	EET, FACTORY OFFICE	FARM ETC )	214661	CHT ON TOWN	200.411	31416
۵	ENDIN rol or	se o	e e	5	220.1 certify that (I) (this hosp	oital) attended the	e deceased from_	Apri	1 19 86	o to April It	19 86 , that	t (I) (we) lost
	TTEN	TOR for u	21 is	-1	sow the deceased alive a above, (I) (we) (did) (did)	April	17 19 19	86_,00	d that in (my) (aur) apinion	death occurred on the date and hou		
	R-ATT hospit	IREC hed ept.	tem	7	22b. SIGNATURE	or view-the body	Oner degin.		DEGREE		22c. DATE SIG	NED
	AL O	AL D etoc	=		Flame	es	onea	MD	ATTENDING PHYSICIAN	MEDICAL STAFF	4/17	186
	SPITA I by	FUNERAL old be det of the State	Z		220 PHYSICIAN'S NAME (TYPE	OR PRINT)		1	22e ADDRESS	1	1 ////	21230
	O HOS	TO FUN should b	MPORTANT	100	FRANCES	CORRE.	A. MI)	(	13001 5.1	tanover St.	Rult N	10
	o se	O sh	₹—		BURIAL, CREMATION, REMOVA			NAME OF C	EMETERY OR CREMATORY	23d LOCATION	2001	111
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	,			E		0, 01	211	2.104	Jane			6



00-04553

	STATE OF MARYLAND
FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGII CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	٥	O REG. N	10.
Catherine Shifflett	20. DATE O	DF DEATH	MONTH

5

2	1. DE	CEASED NAME FIRST	Edna MIDDLE C	atherine	Shifflett	20. DATE OF DEATH	MONTH DAY YEA	26. HOUR 30
1	) SE	Female	4. RACE . Whit	e 5. DATE C		6. AGE (IN YEARS LAST BIR	MONTHS D	EAR IF UNDER 24 HRS AYS HOURS MIN.
d of once	V	IRTHPLACE (STATE OR FOREIGN COUNTRY)  IT ginia  ITY OR TOWN OF DEATH	7b. CITIZEN OF WHAT COU  USA  11. NAME OF HOSPITAL,	INTRY? 8  MARRIE  WIDOWI	D NEVER MARRIED DED DIVORCED	D 14		MD.
40		Baltimore	Lutheran ]	Hospital	JK OTTEK IKSTITOTION	Homema	OF WORKING LIFE) INDUST	
niner must b	13a. M	IAL RESIDENCE (JE NURSING HOME OF STATE 136 COU aryland  ATHER'S NAME EIRST	I3a City o		13d. INSIDE CITY LIMITS? YES MO O	ΛE	zip CODE stern Ave.	
dical exon		Willis WAS DECEASED EVER IN U.S. AI (YES, NO OR UNKNOWN) 1 (18 YES, G	Shi	fflett	Catherine	ADDRE		Spitzer 21224
he med		No  18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE)	- 1221	1-68-02	/ Florine N	McHan, 450		Ave.
y, ar other troumotic eve			TE CAUSE (D) CON AS A CON (b) CON AS A CON (c) CON (c) CON AS A CON (c) CON (c	NSEQUENCE OF	PESPI ROJOR			Llio
laws any injur	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR			200 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAU	IDINGS USED
marked or Item 18 sh	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AI WORK		19	211 LOCATION STREET	ED (ENTER NATURE OF INJUI		2) STATE
21 is		22a I certify that (I) (this hasp saw the deceased alive or		19, or	, 19	, to	ate and hour and from	the couses stated  ATE SIGNED
MPORTANT: If Item		22d. PHYSICIAN'S NAME (TYPE O	uns ce	tw	22e ADDRESS	`	tosf 1702	
//		BURIAL, CREMATION, REMOVAL	<sup>23b. DATE</sup> 4/25/86	Mays (	Chapel Cem.	Cockeys		
7/84	24 F	Martin D. La	wson, 10 W.	Padoni	a Rd.	REC'D. BY REGISTRAN	256 REGISTRAR'S SIGN	ATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

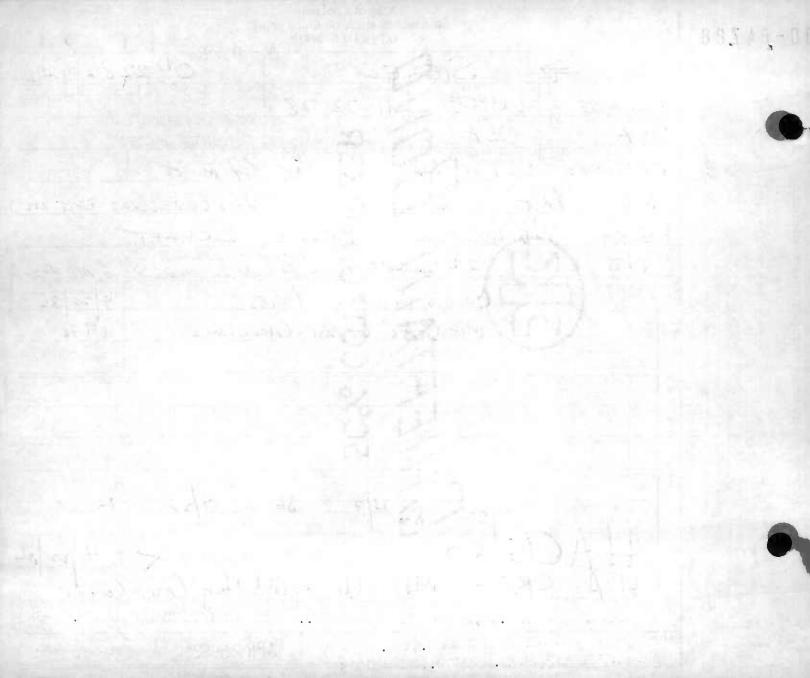
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	1	FOR	STATE OF MARYLAND	
00-03990	1-	STATE REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	160
		CEASED NAME FIRST	MIDDLE LAST 20. DATE KNOWN X MON	ITH DAY YEAR 26. HOUR
# & & & E	(TYI	E OR PRINT)	OF ESII-	13-96
REFERENCE	3. SE	( A RACE	5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 26. DATE MONT	TH DAY YEAR 2d HOUR
N STATE	In	DOLF BLACK	7 - 12 - 26 ON YRS. MONTHS DAYS HOURS MIN. PRONOUNCED DEAD 4-1	L3-86 19 6:50F
A STATE OF THE PARTY OF THE PAR			76. CITIZEN OF WHAT COUNTRY?	
HE SEE SEE	1	BALTA MD	USA   MARRIED   NEVER MARRIED   Baltimore, Ci	tv
SER SERVICE SE	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WOR	
DELAY IS NESSARY, PLEASE 310 HE FU SRAL DIRECTOR. IN PAGE 5 FOR YOUR FILES. D BE FILED. WITHIN 72 HOURS RDS, 201 W. PRESTON STREET,	Ba	altimore	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  753 Lennox Street 3rd, floor	OK INDUSTRY
ORD JUD E	USU	TATE 113b. COUNT	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	21217
REGERAN	12	1ARY LAND -	BALTIMORE YESK NO 114 RESERV	love that
MD 3.2.8	14. F.	ATHER'S NAME	MIDDLE 15. MOTHER'S MAIDEN NAME	LAST
GESA PER	1/- 1	MKTHUK	SIDNEY MARGARE  ED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
ST., BALTIMORE, MD. 21201  DURS AFTER DEATH. IF ANY DELAY  18 GIVE PAGES 1, 2, AND 3 TO 11  AMONG SHOULD BE FINE  AMONG SHOULD BE FINE  E, DIVISION OF WITAIR RECORDS A		VAS DECEASED EVER IN U.S. ARMI ES, NO. FRUNKLOWN) (IF YES, GIVE W		a Dollar
T., BAL' DURS AF B. GIVITH IVIT. PAG		THE CAUSE OF DEATH (Feature)		APPROXIMATE INTERVAL
W. PRESTON ST., B. WITHIN 24 HOURS FENCIL IN 1TEM 18 G MINER ALONG WITTRANSIT FERMIT. P. ENTAL HYGIENE, DIV OR REMOVAL.		PART I DEATH WAS CAUSED	ane cause per line for (a), (b), and (c).)  BY:  Character trough of abdomes	BETWEEN ONSET AND DEATH
TON LICON SEE SEE SEE		IMMEDIATE	CAUSE (a) Gunshot wound of abdomen	
RES A PRINCE A PRES		Canditians, if ony, which		
WINE WIT		gove rise to immediate cause (a) stating the under-	(b)	
TAL RECORDS, 201 W. PRESTON ST., HOULD BE EXECUTED WITHIN 24 HOUR RED "PENDING" IN PENCIL IN ITEM 18. HIEF MEDICAL EXAMINER ALONE USED AS A BURIAL - TRANSIT FREMIT. OF HEALTH AND MENTAL HYGIENE, D IRIAL, CREMATION, OR REMOVAL.		lying cause last.	1-1	
DIVISION OF VITAL RECORDS, 201 S CERTIFICATE SHOULD BE EXECUTE RITING THE WORD, "PENDING" IN FROED TO THE CHIEF MEDICAL EXA RES FOULD BE USED AS A BURIAL. E DEPARTMENT OF HEALTH AND ME OF PRICE TO BURIAL, CREMATION,		PART 2 DTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
RECOR LD BE E PENDIN MEDICA ME	NO			
F VITAL REGISTRESHOULD IN WORD "PER HE CHIEF MO BE USED A ENT OF HEA	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
S S S S S S S S S S S S S S S S S S S	E			YES 🖾 NO
AOF HE WILD B TO B		210 EXTERNAL CAUSE WAS	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OF	R PART 2)
CERTIFICATE TING THE WED TO THE DEPARTMEN I PRIOR TO B	MEDICAL	CONTRIBUTING CAUSE OF DE	EATH 6:40R 4-13-86, subject shot	
I PR	9	21d. INJURY OCCURRED  WHILE NOT WHILE	21e PLACE OF INJURY (ATHOME. STREET, FACTORY, FARM, ETC.)  STREET CITY OR TOWN	COUNTY STATE
DIVISION OF VITAL REJUNE: THIS CERTIFICATE SHOULD SIGNE WARDED TO THE CHIEF MATOR: PAGE 3 SHOULD BE USED A TOR: PRICE TO BURIAL, CAND, 21201 PRICE TO BURIAL, CAN	1	AT WORK AT WORK	home 753 Lernox Street Baltimore,	
ATE. PORV	E PA	22a I certify that I taok charge	of the remains described above, held an Autopsy X, Inspection . Inquiry . and in my	opinian
Y HE BE FOR		deoth resulted fram: Notura	I causes , Accident , Suicide , Homicide X Undetermined manner ,	
AAN WEEK		ACTUAL MALE	TITLE (SPECIFY)	
SHOOTH ATH	-	SIGNATURE	ASSISTANT MEDICAL EXAMINER SIG	TE 4-14-86
MEDI WINE WINE		EXAMINER'S NAME Ma	argarita A. Korell, M.D. ADDRESS 111 Penn Street	
TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DEF BALTIMORE, MARYLAND, 21201 PF	23a B	(TYPE OR PRINT)  URIAL, CREMATION, REMOVAL 23b	ADDRESS	
	(5	PECIFY BURIAL	9-71-86 PAULASVILE VA. 123 LOCATION	MORN STATE
25M	24. F	JNERAL DIRECTOR	25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S	S SIGNATURE
DHMH - 17 (VR A15 ME (5))	B	EMUN/THOMPSO	W F.H. 1913 W. BALTO, APR 1 8 1006 Stutio Sound	SSIGNATURE
	2 40	111000		

married Profession First CESSION WILL S. S. P. DESCRIPTION THE SEE LEVEL AREA STOR DELLERA EURIPE 4-71 - Clauseville VT Clauren EMITHURINE

			STATE OF MAKT	LAND	and the same of th
-047.88/	1	FOR  STATE  REGISTRAR	DEPARTMENT OF HEALTH AN  CERTIFICATE OF	DEATH	1 1 6 1
, and a	1. DI	CEASED NAME FIRST	MIDDLE	REG. NO.	DAY YEAR 26 HOUR
by be 3 deoth	(TYI	ORPRINT)	SIEGEL	042	286 920
pog proger de	3. S	* I	RACE 5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 23 HRS
office.	1	GMATE	WHITES 109TH 22	2 57 YRS	MONTHS DATS HOURS MIN.
60 H	7a. E	IRTHPLACE (STATE OR FOREIGN 71	CITIZEN OF WHAT COUNTRY? 8.	BALTIMORE CITY OF COUNTY	Y OF DEATH
5 轮 家生	1 (	HARYLAND	MARRIED NEVE WIDOWED XXX	DIVORCED   BALTIMORE CI	TY MD
Pa Pa	100	OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING HOME OR OTHER IN     INFINOTING SUCH FACILITY, GIVESTREET ADDRESS)		126. KIND OF BUSINESS OR
10 12 20 12 12 12 12 12 12 12 12 12 12 12 12 12	1	DATIMORE /	UNIVOF MARYLAND	HOST SAKKAMULET	HOSPITAL
4 hou	USU Ide	RESIDENCE (IF NUM CORO	100 110 100	CITY LIMITS? 13 STREET ADDRESS / ZIP COD	
1 2	114 E	ATHER'S NAME	BALTIMORE YES	NO 16 TOZ CHOLEDE	RKY BAZT 2120
13/20/	1	FIRST	FINISTER LAST	FIRST . MIDDLE	LAST
corte	16a.	WAS DECEASED EVER IN U.S. ARM	ED FORCES? 166 SOCIAL SECURITY NO. 17 INFORM	MANTMAS CATHY SEADDRESS	r
× pag	1	(IF YES GIVE )	VAR OR DATES) 2/4-26-0600 //4	14 FAMORK DE SILVE S	012 20003
sici ol.		18 CAUSE OF DEATH (Enter only	one cause per line far (a), (b), and c	A PHOLOGICA WE SEED SE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
rtificate physic onpape emoval.		PART I. DEATH WAS CAUSED IMMEDIATE	BY: IVA AD TO VILLE MARKET	ARKEST	4/22/86
th cert oding I corbon atic ev			DUE TO, OR AS A CONSEQUENCE OF	2	
e death co		Conditions, if any, which	( 16) IVIETASTATE BRE	IST CARCINOMA	1978
the rem		gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF		
n o e o			(c)		
quires signe hen p to bur	Z	PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH BUT NOT RELAT	ED TO THE TERMINAL DISEASE OR CONDITION GIV	VEN IN PART Tra
11117	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERI	FORMED 200 AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED
2 1 2 2 2 2 9	I		THE PARTY OF THE P	IN CERTII	FYING CAUSES OF DEATH?
T Sept 18 17	E E	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18	
0,000	CAL	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 19		
1 d d d d d d d d d d d d d d d d d d d	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)  21f LOCAT		COUNTY STATE
Office of the	1	AT WORK NOT WHILE		V 1	- XI
Z = 8 3 4 5	18	22±1 certify that (II (this haspital saw the deceased alive on	attended the deceased from the transfer of the		19, that (I) (we) last
THE STATE		obove, (fi (we) (glid) (did not)	DEGREE	y) (our) opinion death accurred on the date and hou	
P 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	-	II.A(	(1. 11)	ATTENDING _ MEDICAL _ STAFF	THE DATE SCHED
A S S S S A	-	22d. PHYSICIAN'S NAME (TYPE OR P	(PNT). 222e ADDRI	PHYSICIAN DIRECTOR PHYSICIAN	17/22/00
O HOSFILL TO FUNER. Though the Story WARDERTAN		H.A. 0	KEN MO Uni	od And Hay Canco	n Conta
BP	230		APR. 23, 1986 OHEB SHALOM I		I COPALTO. SIMD
DHMH - 16 60M 7/84	24 F	UNERAL DIRECTOR SOL LE	VINSON & BROS., INC.	250 DATE REC D. BY REGISTRAR 256 REGIST	RAR'S SIGNATURE
(VRA 15, 4)		6010 REISTERSTOW	N RD. BALTO, MD 21215	APR 25 1986 Julian	Davidson-Randells
			, July 2121;		



- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 2a. DATE OF DEATH (TYPE OR PRINT) AGE LIN YEARS LAST BIRTHDAY 83 YR HITE ATT OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED CITY OR TOWN OF DEATH BALTIMORE 12103 HUNTING TWEED DR. 21117 NOF FATHER'S NAME WEITZMAN SADIE LOUIS SILVER MR. DONALDOSIEVER WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 12103 HUNTING TWEED DR. OWINGS MILLS, MD 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a Canditians, if any, which gave rise to immediate cause (a), stating the CERTIFICATION 20b. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20e AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES T 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 211 LOCATION 214 IN JURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN (AT HOME STREET, FACTORY, OFFICE FARM, ETC ) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased for saw the deceased alive an and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave, (1) (we) (did) (did nat) view the bady after 22b. SIGNATUR DEGREE ATTENDING MEDICAL ild be deta the State [ PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS MPORT 230. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL APR.4,1986 HAR ZION TIFERETH ISRAEL

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

FOR

SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD.

ROSEDALE

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

COUNTY

4/3/86

COUNTY

26 HOUR

12b. KIND OF BUSINESS OR AUTO PARTS

21117

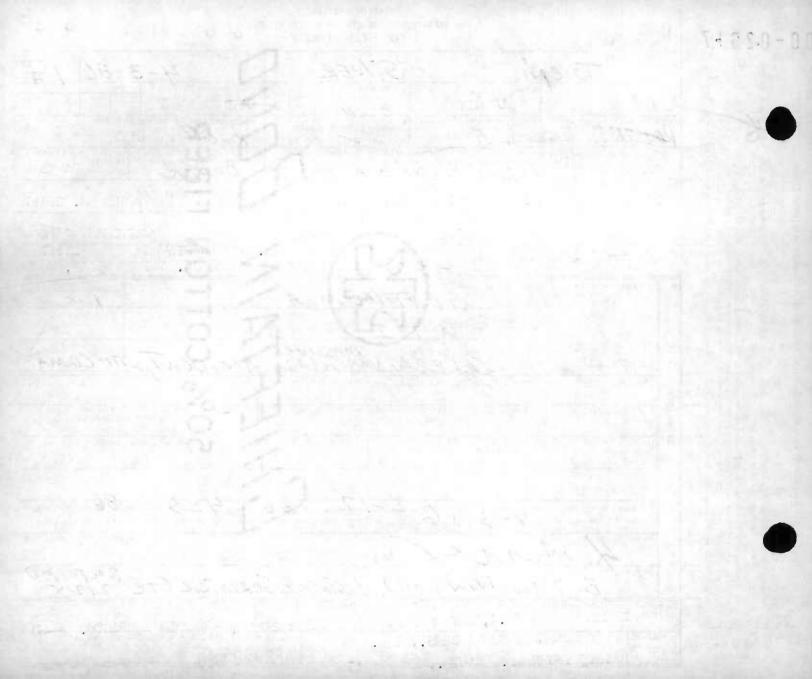
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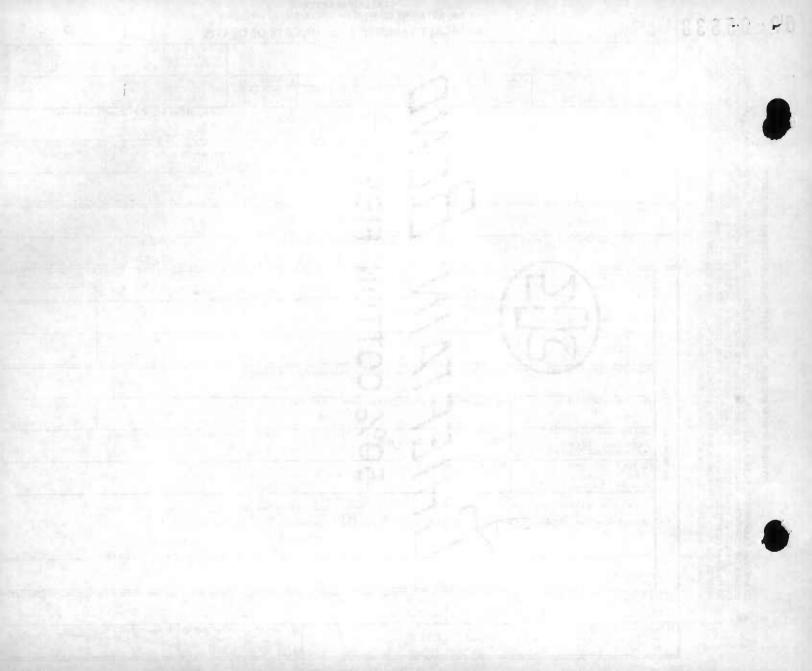
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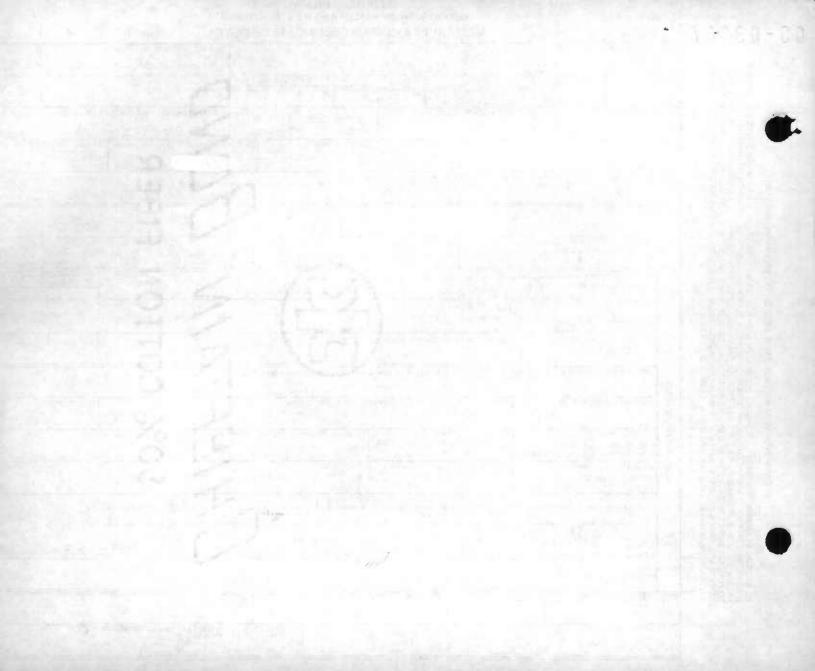
DAYS



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8-05638	1-	STATE REGISTRAR				EXAMIN					<b>t</b>	REG NO.	1	6	3
2		CEASED NAME	FIRST		MIDDLE			LAST		20	DATE KNO		ONTH D	AY YEAR	26. HOU
2843			Edith	Simms OF ESTI-							TED 🗆	4/ 3	0/19 86	5	
SARY, REASE TU DIRECTOR YOUR FILES IN 72 HOURS STON STREET	I SE	4 RAC	E	S. DATE OF BIRTH	YEAR	6. AGE (IN YEA LAST BIRTHDA	RS IF UN		HOURS		DATE	MC	ONTH C	AY YEAR	24 HOU
N 72		male Whi	te	1-19-1911   75 YRS.   DEAD									4/ 3	-,	A .
NECE: 5 FOR WITH WEST	FC	IRTHPLACE (STATE OR PREIGN COUNTRY)		76. CITIZEN OF WHAT COUNTRY?  8 MARRIED   NEVER MARRIED   9. BALTIMORE CITY OR C									OF DEATH		
Z - 10 >		Ito. MD	TH		USA   WIDOWED								E CITY ME		
ZHOES A		Baltimore		4211 E	(FINOTING OF HOSTIAL, NORSING HOME, OR OTHER INSTITUTION (FINOTING SUCHFACILITY, GHE STREET ADDRESS)  4211 Berger Ave.  OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)						(IFE)	WORK 128	OR INDUST	RY	
BALTIMORE, MD. 21201 S. AFTER DEATH. IF ANY DELA GIVE PAGES 1, 2, AND 3 TO: TITH FORM PM. 3. RETAIN PA PAGES 1 AND 2 SHOULD BE P PINISION OF WITAL RECORDS.			13b COUN		13c. CITY	OR TOWN		13d. INSIDE (I			TADDRESS Berger	Ave.	Balt	21	206
- 00 m J	14. F	ATHER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NAME			MIDDLE			LAST		
M PW PW						Holt		Vi	olet				Pı	inn	
NO PA	160.	WAS DECEASED EVER (ES, NO, OR UNKNOWN)		MED FORCES? WAR OR DATES)	R OR DATES)			17. INFORMANT ADDRESS							172
PAG			-			-26-187	79				erty,		Cross		
28. E, DI E, DI	TRANSIT PERMI VIAL HYGIENE, OR REMOVAL.	18 CAUSE OF DEAT PART I DEATH W	AC CALICED	DV					y Hal					APPROXIMAT BETWEEN ONSE	T AND DEATH
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IN PENCIL EXAMINER SIAL-TRANS D MENTAL H ON, OR REA		cause (a) stating the <u>under</u> DUE TO, OR AS A CONSEQUENCE OF  lying cause last.													
O V A A				(c)S CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d											
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BAVISION OF VITAL RISTALS CETTIFICATE SHOULD E. WRITING THE WORD "PE PAGE 3 SHOULD BE USED. STATE DEPARTMENT OF HE VITAL STOOT PROBE USED. STATE DEPARTMENT OF HE VITAL STOOT PROBE TO BURNAL, VITAL STOOT PROBE TO BURNAL,		21d. INJURY OCCURE WHILE NOT		21e PLACE (	OF INJURY			CATION			CITY OR TOWN		COUNTY		STATE
		AT WORK AT W	ORK												
EXECUTE THE CERTIFICATE, W PAGE 4 SHOULD BE FORWA TO FUNERAL DIRECTOR: PAC AFTER CEATH, WITH THE STAT BALTIMORE, MARYLAND, 212		220. I certify that I	taak charge	e at the lemains des	cribed abo	ive, held an	Autap	sy 🔲,	Inspection	<u></u>	Inquiry X	and in	my apinia	n	
SE PES		death resulted fram	Natur	X religible	Accident	, Suit	ide 🔲	, Hamici	ide .	Undeterr	mined manner				
ARY ARY			-	TX	V			TITLE (SF	PECIFY)						
AH.		ACTUAL SIGNATURE	X	10	1		M	,		MEDIC	AL EXAMINER	D	DATE SIGNED_	4/30/	86
A SE E	1	EXAMINER'S NAME	1			35,300					THE EXPANSIVE	3	JOINED_		
SE SE SE		(TYPE OR PRINT)		egory R.	Kauf	man, M	.D.	ADDRESS_	1	11 Pe	enn St.				
8 × 4 %	23a.B	URIAL, CREMATION, RI PECIFY) T1a1	EMOVAL 2	3b DATE		NAME OF CEM		RCREMATO	DRY	Balt	ATION		COUNTY	S1	AVE
						udon Pa								alto.,	MD
DHMH - 17	Jo	home C. Mill	er, In	nc., 6415	Bela	ir Rd.	2120	06			EGISTRAR 25	A REGISTRA	AR'S SION	AUND	
/R A15 ME (5))			ETTA T						MAY 6	198	10 1	10000			



		1.	FOR Film G615	item 1	8	EPARTA	AENT OF I		AND MENTA	L HYGIEN	E				
00-	03907	12	STATE REGISTRAR	5/27/86					ERTIFICATE			REG NO.	3	6 4	
0 0	1		CEASED NAME	FIRST		MIDDLE			LAST	-05	20. DATE KNO	WN K	ONTH DAY	YEAR 26. H	OUR
	A 5.8.8. A				homas E.	Sim	rs, Sr				OF ES DEATH MA		-13-86	619	M
	STREET STREET	3. SE	4. RAC	E	5. DATE OF BIRTH	YEAR	6. AGE (IN YEA	RS IF UN		ER 24 HRS.	26 DATE PRONOUNCED	7410	DAY DAY	YEAR 2d H	IOUR
	ON O			В	2 3	10	76 YR	S.		1500	DEAD	4	-13-8		5 ME
-	SESS. OR YOUR YES	FC	RTHPLACE (STATE OR DREIGN COUNTRY)		76. CITIZEN OF WH		RY?		ED NEVER MA	RRIED	9. BALTIMORE	CITY OR C	OUNTY OF	DEATH	
*	IS NECESSARY, PLEASE E FUNERAL DIRECTOR. E & FOR YOUR FILES. ED, WITHIN 72 HOURS W PRESTON STREES.		ARYLAND	ATL	U.S.		SINC HOME	WIDOW		RCED .	Baltin JAL OCCUPATK			IND OF BUSINES	MD.
	≯±8≣X			AIN	(IF NOT IN SUCH FAC	ILITY, GIVE STI	REET ADDRESS)	, OR OTHE	IN INSTITUTION	FOR A	MOST OF WORKING	LIFE)	0	OR INDUSTRY	5
		USU	AL RESIDENCE (IF IN NI			RESIDENCE E	SEFORE ADMISSIO				LLIS M	OTORS	5		
21201	TALL IF ANY DEL	M	ARYLAND	13b. COUNT	TY		OR TOWN TIMOF			□ 240	8 BROO	KFIEI	LD AV	E. 2121	17
8	H. 17.	14. F.	ATHER'S NAME FIRST	-	MIDDLE	t	AST		15. MOTHER'S MA		WIDDLE			LAST	
9	S SS S S S S S S S S S S S S S S S S S		UNKNOW			I.u		(1)	FLOREN	ICE					
A CANITIA M	UNES AFTER DEATH.  B. GIVE PAGES 1, SWITT FORM PM.  TIT. PAGES 1 AND 2, DIVISION OF VITA	()	WAS DECEASED EVER (ES, NO, OR UNKNOWN) NO	(IF YES, GIVE V	VAR OR DATES)		-10-9			D C.		DDRESS	100 D	AVI	
3	URS AF WITH WITH DIVISI			***************************************				939	THOMAS	E. S.	IMMS J	R. 24		ROOKFII	-
5	A 18		PART I DEATH V	JAC CALICED	y ane cause per line ( BY: E CAUSE (a)			rotic	. cowdian		n dian		BE	TWEEN ONSET AND DI	EATH
, C	I TEA I TEA I GIEI OVAI			IMMEDIAT	DUE TO, OR				: Cardiov	ascura	ir arsea	ise			
990	THIN THIN THIN THIN THIN THIN THIN THIN		Canditians, if gave rise to		(6)										
3	UTED WITH IN PENCIL EXAMINER PAL-TRANS O MENTAL DN, OR REA		cause (a) stating	g the under-	DUE TO, OR	S A CON	SEQUENCE (	)F						Carolina III	
100	EXALEX ION,				(c)		Marie					500		the bush	
DIVISION OF VITAL BECOME AN W PRESTON OF	ULD BE EXECUTED WITHIN 24 HOU WENDING" IN PENCIL IN TEM 18 F MEDICAL EXAMINER ALONG ED AS A BURIAL TRANSIT PERMIT HEALTH AND MENTAL HYGIENE, IL, CREMATION, OR REMOVAL.	-	PART 2 OTHER SIGNIFICAT	NT CONDITIONS C	ONTRIBUTING TO DEATH B			NAL OISEASE	OR CONDITION GIVEN IN	PART 1 (a).					
2	D BE EXE ENDING MEDICA AS A BU EALTH AI CREMA	CERTIFICATION	19a, DATE OF OPER	ATION	Seizure			171011111	AS PERFORMED?						
3	HOULD WSED WED OF HE	FIGA	170. DATE OF OPER.	ATION	198. CONDIT	ON FOR V	VHICH OPEK	ATION W	AS PERFORMED?				20	AUTOPSY?	Cun
2	ATE STANOR	ERT	21a EXTERNAL CAU	ISE WAS	21b. TIME OF	INJURY		121c. HC	W INJURY OCCUP	RRED TENTER N	NATURE OF INJURY IN	N ITEM 18 PART 1	OR PART 21	YES NO	<u>K</u>
3	CERTIFICATE SHOULD SITING THE WORD "PE BOBD TO THE CHIEF A E 3 SHOULD BE USED." E DEPARTMENT OF HE DIPPLOR TO BURIAL, OF		UNDERLYING CONTRIBUTING	OR CAUSE OF D	HOUR A.M.	MONTH	DAY YEAR						,		
1810	ERTIF ING ING ING ING ING ING ING ING ING ING	MEDICAL	21d. INJURY OCCUR	RED	21e PLACE O		(AT HOME.		ATION						
ć	THIS CERT WARITING WADED WAGE 3 SI STATE DEP	¥	WHILE NOT AT W	WHILE [	STREET, FACTO	PRY, FARM, ET	C.)	51	REET		CITY OR TOWN		COUNTY	ST	ATE
		1	22a I certily that	I taak charge	e of the remains desc	ribed abay	re, held an	Autops	y , Inspec	tian X,	Inquiry .	, and in	my opinian		
	BE I BE I HT		death resulted frag	n: Nature	al causes X.	Accident	, Sui	cide .	Hamicide	. Undete	ermined manner	, <u> </u>			
	CAL EXAMI THE CERTIFI SHOULD BE SRAL DIRECT STAL, WITH ORE, MARYL	3-	ACTUAL	VIOLA	ate (h	, 44	. 12		TITLE (SPECIFY)				DATE		
	SER SHIP	1	SIGNATURE	many	)4 C UIIC		000	M.	. Assista	nt_med	ICAL EXAMINER	R S	SIGNAD-1	4-86	
	TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE TO FLORERAL DIRECTOR: AFTER DEATH, WITH THE S BALLIMORE, MARYLAND,		EXAMINER'S NAME (TYPE OR PRINT)		Margarita	A.	Korell	.M.D.	DODRESS 1	11 Per	n Stree	et.			
	TO ME PAGE TO FU AFTER BALTIN	23a.B	URIAL, CREMATION, I	REMOVAL 23					CREMATORY	23d. LO	CATION				=
07/8		BI	JRIAL		4-18-86		MOUNT	AUF	BURN 250. PA	BA	ORTOWN ALTIMO	RE.	COUNTY	MARYLAN	ND
25M	DHMH - 17		UNERAL DIRECTOR		ADDRESS					S SECTO. AL		L'REGISTO!	ASSIGNA	TURE	
	(VR A15 ME (5))	MI	1.C.MARCH	H F/H	INC. 11	01 E	NORT	H AV	E.		-				



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1				STAT	E OF MARYLAND			
- 0 4 6 010	۱-	FOR STATE REGISTRAR	DEP		ICATE OF DEATH	GIENE B G REG. NO.	1 1 1	0 6
Ī		EASED NAME FIRST	WIDDIE		AST	20. DATE OF DEATH MONT	H DAY YEAR	2b. HOUR
a + 2	(TYPE	Lillie Lillie	Mag	Sim	pson	4	-20-86	230
page 3	3. SEX		RACE	5. DATE (		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
2,4		founde	RICK	TMOM	- 30 - STEAR	87	MONTHS DAYS	HOURS MIN
direct hours	7a. BIF	THPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUN	TRY? 8.	15	9 BALTIMORE CITY OR CO	YRS. UNITY OF DEATH	
22 20		OUNTRY) Md	U.S.A	WIDOW	D NEVER MARRIED DIVORCED	Battimore	city	N
the fune od within	0. CT	TY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NI. (IF NOT IN SUCH FACILITY, GIVE		OR OTHER INSTITUTION	12a USUAL OCCUPATION		F BUSINESS O
Pod #	14	altimore	Sinai -	1095	d	unemployed	111001111	
- P - P	USU A	L RESIDENCE (IF NURSING HOME OR OT ATE 136, COUNT	THER INSTITUTION GIVE RESIDENCE	BEFORE ADMISSION	113d, INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP	CODE	21215
should by	)	Md	0 1	imore	YES Y NO	2906 Edge		de
2 sho	4. FA	THER'S NAME		177161	15. MOTHER'S MAIDEN NA	WE		
mplete ond 2	1		IDDLE SALAST	PNC	Alice	WIDDFE	To	n es
See Jan	160 V	VAS DECEASED EVER IN U.S. ARM	ED FORCES? 166. SOCIAL	SECURITY NO.	17 INFORMANT	ADDRESS	00.	
Pages medica	()	ES, NO OR UNKNOWN) (IF YES, GIVE )	WAR OR DATES) 219-7	11-2412	Hilton Tru	41H 712 AC	poleton St	
				20 8110	I fill lion 170	11 112 17	APPROXI	MATE INTERVAL
physic npape maval vent, t		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	BY:	61	Arrest		BETWEEN	ONSET AND DEAT
bang reme		IMMEDIATE		antion	Jakeli			
carb carb or or			DUE TO, OR AS A CONS	EOUENCE OF				
attendi ave coi itian, a aumat		Conditions, if ony, which	(b)					
remo emo		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONS	EOUENCE OF				
by ase Il, cr		underlying couse lost.	(c)					
n signed by the attending physicia Then please remove carbon papers to burial, cremation, ar removal. njury, ar ather traumatic event, the	Z	PART 2. OTHER SIGNIFICANT CO	) NDITIONS CONTRIBUTING	TO DEATH BU	NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITIO	N GIVEN IN PART 10	)
been mit. TI prior t any in	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b.	IF YES, WERE FINDIN	IGS LISED
has be permit on permit of the	FIC	178 DATE OF OPERATION	The combiner of w	THE TOTERATIO	TO TEN ORMED	_ NO	CERTIFYING CAUSES	OF DEATH?
rtending physicion. sr this certificate has the burial-transit per and Mental Hygiene ced or Item 18 shaws	FRT	71a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		Tale HOW IN HIRV OCCUP	RED (ENTER NATURE OF INJURY IN IT	YES [	NO 🗌
		OR CONTRIBUTING CAUSE OF DEATH	LICILD A AL ALCONITU	DAY YEAR	ZIC NOW INJOK! OCCOR	. LENTER NATURE OF INJURY IN II	EM 18 PART ( OR PART 2)	
rial rial hem	CA	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19				
TOR: After this certifications of the burief the diffication of Health and Mental 21 is marked at Item	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FFICE, FARM, ETC 1	211 LOCATION STREET	CITY OF TOWN	COUNTY	STATE
After th s as the lith and narked	2	WHILE NOT WHILE AT WORK						
OR: After use as Health is mark		22a.1 certify that (1) (this hospita	al) attended the deceased fi	rom	, 19	, to		that (1) (we) la
of H		sow the deceased alive on _ obove, (1) (we) (did) (did nat)		.19, o	nd that in (my) (our) opinion	death occurred on the date or	nd hour and from the	couses stated
n haspital DIRECTOR sched for us Dept. of He f frem 21 is		22b. SIGNATURE	view the body difer death.		DEGREE		22c. DATE	SIGNED
y the has AL DIREC detached ate Dept.		Donal	( Heren	-77	ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	di 4-	19-04
by th		22d. PHYSICIAN'S NAME (TYPE OR	PRINT) 1 9.9 9.1	1 1.0	22e ADDRESS	_ DIRECTOR _ PHISICIAIN	1	0 0
TO FUNERAL DIRECTOR Should be detached with the State Dept.		10.0	( deca.					
TO FUN should be with the		Barrel	Corrain	14 70.	<u> </u>			
		URIAL, CREMATION, REMOVAL SPECIFY)	23b. DATE		EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
P	,	Buria]	4/26/86	Ledar H	ill Cemetery	Anne Arunde	el Co	Mď
1 - 16 50M 4/83		INERAL DIRECTOR		necc.		TE REC'D. BY REGISTRAR 256. R	EGISTRAR'S SIGNAT	URE
(VRA 15, 4)	W.	il Tiam C. March	F/H West 430	0° Wabasl	Avenue APR	24 1986 4000	Trieden Band	T. DIV



		1 2	FOR			EPARTMENT OF	HEALTH	AND MENTAL	HYGIENE			9.	9
11-1	3390	1-	STATE REGISTRAR		ME	DICAL EXAMIN	IER'S	ERTIFICATE	OF DEATH	REGINO.	1 1	0 .	1
0 0	0000			FIRST		MIDDLE		LAST	20. DATE	KNOWNXX	MONTH DA	AY YEAR	2b. HOUR
	3 8 8 E	(1)	PE OR PRINT) Ba	rbara		Α.	Sir	gleton	OF	MATED [	4-9	19 86	M
	A STEE	3. SE		5. DAT	E OF BIRTH	6. AGE (INY	ARS IF UN	DER 1 YR. IF UND				AY YEAR	2d HOUR
	N S		F B	MON'	26	VEAR LAST BIRTHE		S DAYS HOURS	MIN PRONOUN DEAD		4-9	1986	12:27 P. M
796	ALL		SIRTHPLACE (STATE OR			IAT COUNTRY?	18		RRIED 7. BALTIM	ORE CITY OR			1 P · M
	SHARE A		OREIGN COUNTRY)		II	S.A.	WIDOW	ED NEVER MAI		timore	City.		
	NS N		Pa.		AME OF HOS	PITAL, NURSING HOM			120 USUAL OCCU	PATION (TYPE OF			ISINESS
	AHAHA)	1 5	Baltimore			oyd Street ADDRESS)			FOR MOST OF WOR	KING LIFE)		OR INDUSTR	ξΥ
	PO BE	USU	AL RESIDENCE (IF IN NURSIN				ION)		B. 141077.				
.21201	1. IF ANY DELAY IS NECESSARY, PLEASE 2, AND 3 TO THE FUNERAL DIRECTOR. 3. RETAIN PAGE 5 FOR YOUR FILES. 2 SWOULD BE FILED, WITHIN 72 HOURS ALRECORDS, SOI W. PRESTON STREET,		MARYLAND	COUNTY		BALTIMOE	RE	13d. INSIDE CITY LIMITS? YES X NO [		SYD ST	REET	2122	3
WD.	PW 3.	14. F	ATHER'S NAME	MIDDLE		LAST		15. MOTHER'S MAI	DEN NAME	IDDLE		LAST	
E,	DEATH.		WILLIE			SINGLE		SUSAN			CON	NYERS	7-9-0
W.	FOR TER I	160.	WAS DECEASED EVER IN YES, NO, OR UNKNOWN) (IF	U.S. ARMED FO YES, GIVE WAR OR D	RCES?	166. SOCIAL SECURI		17. INFORMANT	a magaz Emol	ADDRESS	TNC CT		
BALTIMORE,	URS AFTER DEATH 8. GIVE PAGES 1 WITH FORM PW IT. PAGES 1 AND DIVISION OF VIT		NO			214-70-9	9496	SUSAN	SINGLETOR	2045	HOLI	LTMD .	51.
	M. WI		18. CAUSE OF DEATH (E	enter only one c	214-70-9496   SUSAN SINGLETON 2045 HO		APPROXIMATE BETWEEN ONSE	INTERVAL I AND DEATH					
201 W. PRESTON ST.,	V 24 HO V ITEM I ALONG IT PERM YGIENE			MEDIATE CAUS	SE (a) I	Tatty Liver							
STO	N Z N II N II N II N II N II N II N II N		-		DUE TO, OR	AS A CONSEQUENCE	OF						
ex.	A A N A A N		Conditions, if ony,		(b)								
š	UTED WITH! IN PENCIL I EXAMINER IAL - TRANS MENTAL I DN, OR REA		couse (o) stoting the <u>under-</u> lying couse lost.  DUE TO, OR AS A CONSEQUENCE OF										
	S A E E		Tyling coose lost.		(c)			73	100				
RECORDS,	ULD BE EXECUTED WITHIN 24 HOUF "PENDING" IN PENCIL IN ITEM 18. FF MEDICAL EXAMINER ALONG W ED AS A BURIAL-TRANSIT PERMIT. HEALTH AND MENTAL HYGIENE, D IN, CREMATION, OR REMOVAL		PART 2 OTHER SIGNIFICANT CO	NOITIONS CONTRIBU	TING TO OEATH I	UI NOT RELATED TO THE TER	MINAL DISEASI	OR CONDITION GIVEN IN	PARI Fial.				
0	A S A S A S A S A S A S A S A S A S A S	CERTIFICATION											
2	S CERTIFICATE SHOULD RITING THE WORD "PER RDED TO THE CHIEF M RE 3 SHOULD BE USED A E DEPARTMENT OF HEA OI PRIOR TO BURIAL, C	7	190. DATE OF OPERATIO	N	196. CONDIT	ION FOR WHICH OPE	RATION W	AS PERFORMED?			21	D AUTOPSY?	
DIVISION OF VITAL	SSENCE	E									100	YES XX	NO 🗌
O.	ATE WEN BEN BEN BEN BEN BEN BEN BEN BEN BEN B	e e	210 EXTERNAL CAUSE	WAS	11b. TIME OF	MONTH DAY YEA	21c. HC	OW INJURY OCCUR	RED (ENTER NATURE OF IN	URY IN ITEM 18 PAR	1 OR PART 2)		
NO	SET OF SE	3	CONTRIBUTING CAL	SE OF DEATH	P.M.	19							
N S	PE SE	MEDICAL	21d INJURY OCCURRED		21e PLACE C	OF INJURY (AT HOME, ORY, FARM, ETC.)		CATION	CITY OR TO	A/N/	COUNTY	100	62.76
ō		3	WHILE NOT WE AT WORK	K 🗆	omes, raci	on , conn, crc.,		THEE!	CITYORIO	WN	COUNTY		STATE
	JAER: THII FORWA FORWA OR: PAC THE STATI				remains desc	ribed obove, held on	Auton	sy XX, Inspect	tion , Inquiry	nad ii	n my apiniai		
	A S S S E S S		death resulted Iromo	Natural caus			ricide	, Hamicide	· Undetermined me		i my apiniai	п	
	CAN FREE VITE		N I	Transfer Coos	10 7	1	1	TITLE (SPECIFY)	, Onderermined inc	mner,			DOF BUSINESS INDUSTRY  1223  AST ERS  NS ST.  PROXIMATE INTERVAL FEN ONSET AND DEATH  UTOPSY? ES KK NO   STATE
	MAN THE STATE OF T		ACTUAL SIGNATURE	uu	ear	Much	Mer	Assistar	nt		DATE	4-10-	
	SE SE SE	7	SIGNATURE			100	- 100	0.110.011.0	MEDICAL EXAM	INER	SIGNED		
	ER DA	1	EXAMINER'S NAME (TYPE OR PRINT)	Dennis I	. Smy	ch, M.D.		ADDRESS 111 I	Penn St., E	Balto.,	Md.	21201	
	TO MEDICAL EXAMINER: 11 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE STA	23a.	SURIAL CREMATION REM	OVAL 23b. DAT		23c. NAME OF CE		TO ME CO	23d LOCATION CITY OR TOWN				
07/84	BP		SPECIFY) BIIRTAT.		14-86				LANSDO	WNE	COUNTY	MARYL	AND
25M			UNERAL DIRECTOR					25a. DAT	E REC'D. BY REGISTRA	Re 25b REGISTA	RAR'S SIGN		
	DHMH - 17 (VR A15 ME (5))	V	M.C.MARCH	F/H II	VC . I	101 E.NOR	TH A	VE. AP	R 1 1 1986	Filia Davi	down-17	anator	

STATE OF MARYLAND



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5258	1	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE  STATE								5 9
7770		REGISTRAR			CERTIF	ICATE OF DEATH	REG.	NO.		
m r		CEASED NAME FIRST		MIDDLE	ı	AST	2a. DATE OF DEATH	MONTH E	DAY YEAR	2b. HOUR
poge 3			LTER	W.		EEN	APRI		1986	11:450
fter p	3. SE	(	4 RACE		5. DATE C	DAY YEAR	6. AGE (IN YEARS LAST		IF UNDER 1 YEAR	HOURS MIN.
ers o		MALE	VHIT		JU	LY 18 1927	58	YRS.		
10		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY	MARRIEI	NEVER MARRIED				
1 (8)	10.0	VIRGINIA ITY OR TOWN OF DEATH		A.	WIDOWE	DIVORCED   DROTHER INSTITUTION	BALTII	MORE C		MD. OF BUSINESS OR
100	100	BALTIMORE	(IF NOT IN SU	CH FACILITY, GIVE STREE  CH HOSP	ADDRESS)	CORP.	CRAIN OP	TOF WORKING LIFE	E) INDUSTRY	
be fi	USU.	AL RESIDENCE (IF NURSING HOME O	OR OTHER INSTITUTION	, GIVE RESIDENCE BEFO	RE ADMISSION)					· SIEEL
and the sold the	13a. S	MD.	INTY	BALTIN		13d. INSIDE CITY LIMITS	215 N.			21224
2 sho	14. FA	THER'S NAME			IOILE	15. MOTHER'S MAIDEN	NAME		MAN PARTY	
and		CHARLES	MIDDLE	SKEEN		GRACE	MIDDLE	В	UCHAN	
0 - ) -		VAS DECEASED EVER IN U.S. A	RMED FORCES? GIVE WAR OR DATES)	16b. SOCIAL SEC	URITY NO.	17. INFORMANT		RESS		2122
Poge medico	AT-	YES WW	II	227-24-	5814	WILMA SK	EEN (WIFE)	SAME	ADDR	ESS
ysicio opers vol. t, the		18 CAUSE OF DEATH (Enter of	only one cause pe	r line for (a), (b), o	nd (c).)				APPROX BETWEEN	IMATE INTERVAL ONSET AND DEATH
anpo emo even		PART I. DEATH WAS CAUS	ATE CAUSE (0)	CARDIA	C ARE	REST				
carb , ar r	34		DUE TO, C	OR AS A CONSEOU						
otion		Conditions, if ony, which gove rise to immediate	(b)	BILATE	RAL F	NEUMONIA				
rem rem her t		couse (a), stating the underlying couse lost.	DUE TO, C	R AS A CONSEOL						
olease rial, cr ar oth			(c)			RATORY DI				
sign hen k a bu jury,	Z	PART 2. OTHER SIGNIFICANT SEPSIS	CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE OR CO	NDITION GIVI	EN IN PART 110	D.
nit. T	CERTIFICATION	19a DATE OF OPERATION	19h CONE	DITION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?		, WERE FINDIN	
perr perr pows	F						YES T NOT		YING CAUSES	OF DEATH?
Hygin 8 she	GE	21a. ACCIDENT WAS UNDERLYING	21b. TIME C		AV VEAR	21c HOW INJURY OCC	URRED (ENTER NATURE OF IN			
and of the	MEDICAL	OR CONTRIBUTING CAUSE OF DE	CHILL.	.m. MONTH E	AY YEAR					
0 0	ă	21d. INJURY OCCURRED		OF INJURY	FARM FIC )	211 LOCATION STREET	CITY OR	TOWN	COUNTY	STATE
d Mer	1 111									
th and Mer	WE	AT WORK NOT WHILE	SIL TOTAL							
use as the buri	WE	220.1 certify that (I) this base	pital) attended the	he deceased from,	APRII	23	6, to_APRII	24		
CTOR: After this ce of for use as the buri of Health and Mer n 21 is marked ar the	ME	220.1 certify the (I) this bose sow the eccased olive a obove (I) we) (did) did n	pital) attended the	he deceased from,	<u>86</u> . or	nd that in (my) (our) opine		24	and from the	couses stated
	ME	220. I certify the (I) this bose sow the eccessed of the obove (II) we) (did) (did) and a 22b. SIGNATURE	p(tol) attended the APRII not view the body	he deceased from,	<u>86</u> . or	DEGREE	on death occurred on the	dote and hour	ond from the	SIGNED
	ME	220.1 certify the (1) this bose sow the deceased of the obove (1) we) (did fold of 22b. SIGNATURE	APRIL	he deceased from,	<u>86</u> . or	nd that in (my) (our) opini DEGREE ATTENDING PHYSICIAN	on deoth occurred on the	dote and hour	ond from the	couses stated SIGNED
	ME	220. I certify that (I) this bose sow the deceased alive a obove (I) we) (did) (did in 22b. SIGNA TURE	pital) attended the APRIL and view the body	he deceased from, 24 19 y after death.	<u>86</u> . or	DEGREE  ATTENDING PHYSICIAN  122e ADDRESS	MEDICAL ST	dote and hour	22c. DATE APR	signed 26 198
		220. I certify the (1) this bosy sow the eccessed of the observed of the source (1) we) (did) (did in 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE SAVINDER	pital attended it an APRIL many view the body CORPRINT)  K. JUL	he deceased from, 24 19 19 19 19 19 19 19 19 19 19 19 19 19	86. or	DEGREE  ATTENDING PHYSICIAN  22e ADDRESS  CHI  RATTEMOR	MEDICAL ST DIRECTOR PHYS	dote and hour	22c. DATE APR	signed 26 198
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LAST COX ADDRESS 701 MOSHER ST. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 I/a 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ 211 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART I OR PART 2) CITY OF TOWN COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL RANDALLSTOWN BURIAL MARYLAND KING 25g. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL HOMES 1101 East North Avenue (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

20 DATE OF DEATH MONTH

2b. HOUR

12b. KIND OF BUSINESS OR

21217

INDUSTRY

IF UNDER 24 HRS

DHMH - 16 60M 7/B4

- STATE

(TYPE OR PRINT)

REGISTRAR

DECEASED NAME

transfer to the standing

BEL Air, Maryland 2101

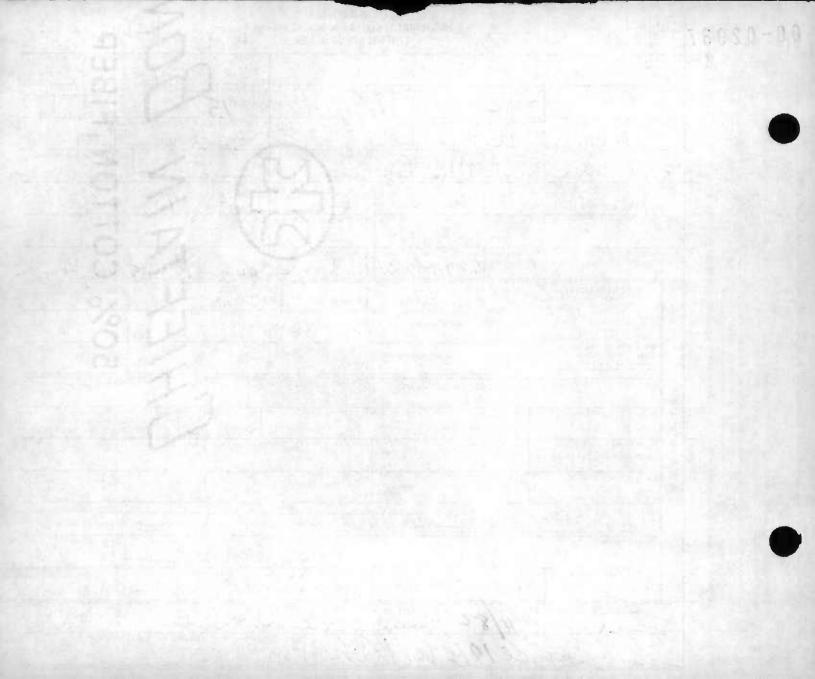
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etoined by TO FUNER should be with the Str			R.M. SHA	11301	nore, MD.	21218
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(VRA 15, 4)



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OR ATTENDING PHYSICIA be hospitol or attending by DIRECTOR. After this certiful Dept. of Health and Americal Them 21 is marked or them	The man and a second se		21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  22e. I certify that (I) (this haspi sow the deceased alive on above, (I) (we) (did) (did no 22b. SIGNATURE  22d. PHYSICIAN'S NAME (TYPE O	P.M.  21e. PLACE OF INJURY (1AT HOME, STREET, FACTORY, OFFICE (1D) attended the deceased from (1) view the body after death.	21f. LOCATION STREET  19  DEGREE  ATTENDI PHYSICI  12e. ADDRESS  A D A D ADDRESS  A D A D A D A D A D A D A D A D A D A	BO, to Y-10  sinion death occurred on the do  NG MEDICAL STAF  AN DIRECTOR PHYSIC  AS HOSPIAN GOOD	ate and hour and from the	SIGNED
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00-03244

DHMH - 16 60M 7/B4

(VRA 15, 4)

FOR

REGISTRAR

- STATE

INDUSTRY Unemploye mith Jones 308 Melvin ELMONARY EDEMA, SEDSIS, MULTIPLE PREPETS DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO [ 21c. HOW INJURY OCCURRED (ENIER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) EITH OF TOWN STATE on the date and hour and from the causes stated 22t. DATE SIGNED DIRECTOR PHYSICIAN Ma COUNTY 24 FUNERAL DIRECTOR STRAR 256, REGISTRAR'S SIGNATURE March F. H. West 4300 Walach And

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

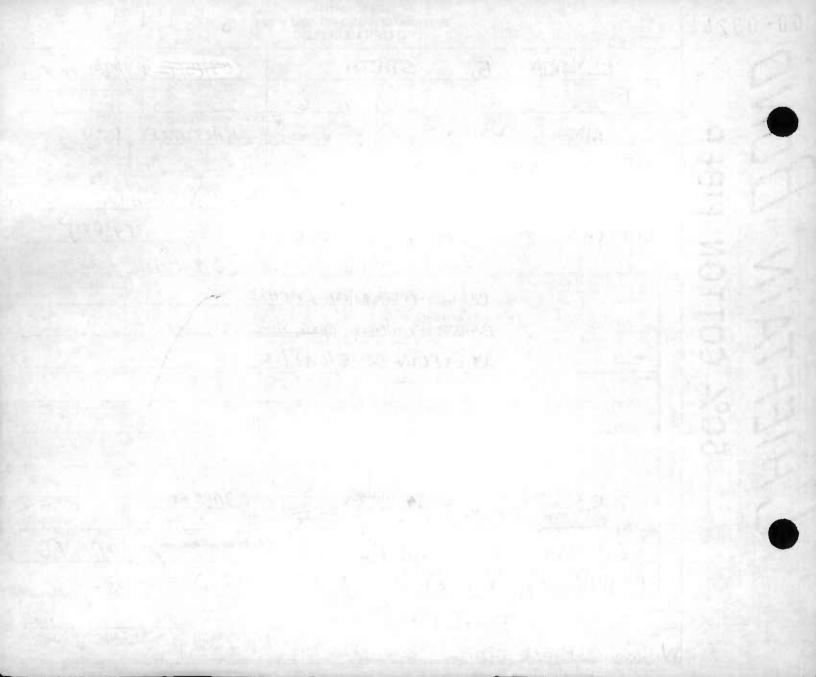
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12h. KIND OF BUSINESS OR

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1 1000	10.C	ITY OR TOWN OF DE	ATH. 1		F HOSPITAL, NUF		OR OTHER INST	TITUTION '	120 USUAL OCCUPAT		12b. KIND C	OF BUSINESS OR
	1	Kultimo	-		of man		1026		Maintance	J. 1. O. I.	L) INDUSTRI	
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4 47 4	14. F	THER'S NAME		IDDLE	LAST	No.	15. MOTHER'S	MAIDENNA		ALL		
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1 17		VAS DECEASED EVER			166 SOCIALS	ECURITY NO.	17 INFORMA	NT	ADDR	ESS 202	Edgewood	1 Stroot
	1	YES, NO OR UNKNOWN)	(IF YES GIVE	WAR OR DATES)	211-0	57467	Barba	ra Barne	s Balt	imore, N	Maryland	21229
the page of		18 CAUSE OF DEAT PART I. DEATH V	H (Enter anly	one cause p	er line far (a), (b)	, and ici.					BETWEEN	ONSET AND DEATH
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NG PHYSKIAN. The low requirements that the sentitions has been og at the build-framet permit. Then the and Mental Hygiene price to booked or them 18 shows any injury orded or them 18 shows any injury.	M	WHILE NOT W	HILE	(AT HOME	STREET, FACTORY, OFFI	ICE, FARM, ETC }	STREET		CITY OR TO	NWO	COUNTY	STATE
and a state of	137	22a. I certify that (1)	(this haspita	I) attended	the deceased fra	m		., 19	, ta		19	that (1) (we) last
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5 6 6 8 3 3 ···	23a. I	SURIAL, CREMATION,	REMOVAL	23b. DATE	2	3c. NAME OF C	EMETERY OR C	REMATORY	23d LOCATION	-10		
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				STAT	E OF MARYLAND			2 3
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ge 4 mo	3. SE	F	1. RACE	5. DATE C			YRS.	DAYS HOURS MIN.
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s offer d	1	TY OR TOWN OF DEATH		Y, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	12d. USUAL OCCUPAT	OF WORKING LIFE) INDUS	ND OF BUSINESS OR
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d co		VAS DECEASED EVER IN U.S. A		OCIAL SECURITY NO.	17 INFORMANT .	ADDR		
Poges 1			n/a 80	9-30-9667	Alex Cohe	n 3115 Fai	rview Rd.	. 21207
e death certificate cottending physicis nove carbonpoper ation, ar removal.		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS)	SED BY: ATE CAUSE (a)S		SHOCK.		AF BETY	PPROXMATE INTERVAL WEEN ONSET AND DEATH
ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours or otherding physician.  After this certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove carbonoppers. Pages I and 2 shall be filled in by the and Mental Hygiene prior to burial, cremation, or removal.  orked at them 18 shows any injury, or ather traumatic event, the medical elegation being accepted at the property of the property or ather traumatic event, the medical elegation in the property of the property of the property or ather traumatic event, the medical elegation is a second or the property of the property		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	((c)	CONSEQUENCE OF				
equires n signe Then p to bur injury,	NO	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIB	UTING TO DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE OR COM	NDITION GIVEN IN PAI	RT Ita
on. hos been t permit. ene prior	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION F	OR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FI IN CERTIFYING CAI YES	INDINGS USED USES OF DEATH? NO []
g physics entificate rial-transisated Hyg		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN	EATH .	RY ONTH DAY YEAR 19	21c HOW INJURY OCC	URRED (ENTER NATURE OF INJ	URY IN ITEM 18 PART I OR PAR	₹₹ 2)
offending offer this of the bund Me hand Me ha	MEDICAL	21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJI (AT HOME, STREET, FAC	JRY TORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR T	OWN COUNT	TY STATE
Spitol or CTOR: A CTOR	1	220.1 certify that (1) this has saw the deceased alive a above (1) (we) (did) (did i			nd that in (my) (aur) opinion	on death occurred on the	date and hour and from	that (1) (we) last in the causes stated
by the hor by the hor ERAL DIREC e detoched Store Dept		276 SIGNATURE	п_ 40.		DEGREE  M.D. ATTENDING PHYSICIAN		AFF	DATE SIGNED
TO HOSPITAL retoined by the TO FUNERAL should be det with the Store IMPORTANT:	9	VORPER	ORPRINT)	M.O.	22e ADDRESS 8-4	4. B.		
F 6 E # 3 ₹	23a I	BURIAL, CREMATION, REMOVA	AL 236 DATE		EMETERY OR CREMATOR	Y 23d. LOCATION	COUNTY	STATE
BP	В	specify) urial	4/19/86	Calve:	rt Cem.	Norfol		Va.
DHMH - 16 50M 4/83	24 F	UNERAL DIRECTOR				ATE REC'D. BY REGISTRA	R 75h REGISTRAR'S SIC	SNATURE
(VRA 15, 4)	Le	erov O. Dvet	t. 4600 Lit	Hghts.	Ave.	APR 1 7 1986	Julia Davido	V-Marken

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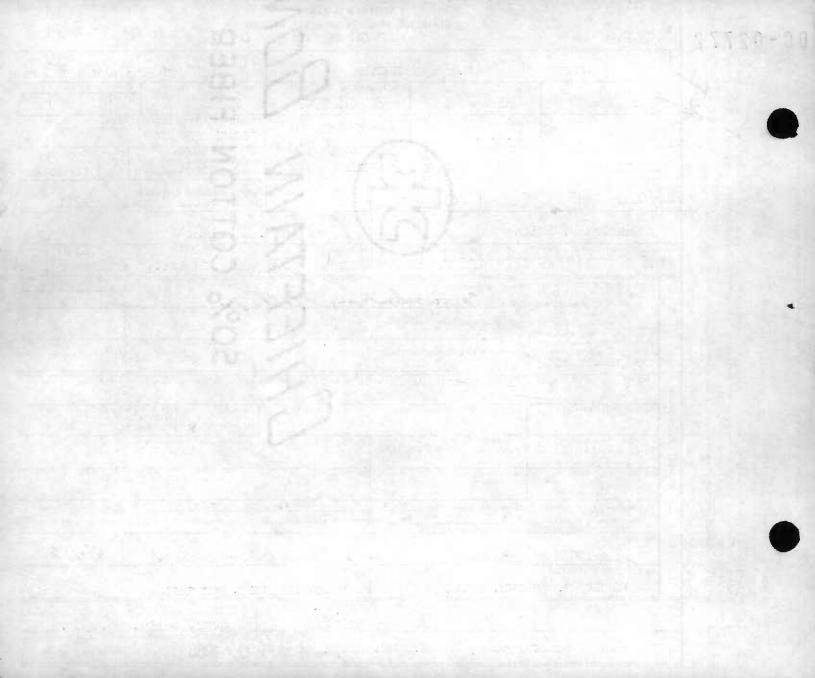
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME FIRS 20. DATE KNOWN X MONTH 26 HOUR LITTER OF PRINCIPLE OF ESTI-DEATH MATED James Smith 2 19 86 4 4 RACE SEX 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DAY 2d HOUR DATE 73 24 13 PRONOUNCED 6:34A 8 DEAD 1986 Te BIRTHPLACE LITATE DE 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED POWERGIN COUNTRY U.S.A. WIDOWED DIVORCED Baltimore City 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION III. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS  $\underset{N}{\text{FOR MOST OF WORKING LIFE}})$ Baltimore Church Home & Hospital ISUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13a STATE 13c. CITY OR TOWN 13d. IHSIDE CITY LIMITS? 136 COUNTY 13e SIREET ADDRESS 288 HERRING COURT 21231 BALTIMORE MARYLAND YES X NO [ 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDOLE FIRST AAIDDLE MARY JESSE SMITH 17. INFORMANT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO ADDRESS 14E LYES NO OR UNKNOWN I LIF YES, GIVE WAR OR DATES 217-07-7279 DAVIS 633 AISQUITH ST. APT NO CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF DIVISION OF VITAL RECORDS, 201 lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 19g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL, YES NO X 210. EXTERNAL CAUSE WAS 3 SHOULD B 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M 21e PLACE OF INJURY (AT HOME 21f LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE STABALTIMORE, MARYLAND, 2 X 22a. I certify that I took charge of the remains described above, held an Autapsy Inspection ond in my opinion death resulted from: Natural couses Homicide Undetermined manner TITLE (SPECIFY) DATE 4/2/86 Assistant SIGNATURE SIGNED EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St. Balto, MD. (TYPE OR PRINT) ADDRES: 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d. LOCATION 23c NAME OF CEMETERY OR CREMATORY COUNTY STATE BURIAL 5-5-86 BALTIMORE EASTVIEW BP 07/84 MARYLAND 25M 24 FUNERAL DIRECTOR APR 0 4 1980 **DHMH - 17** WM.C.MARCH F/H INC. 1101 E.NORTH AVE. (VR A15 ME (5))

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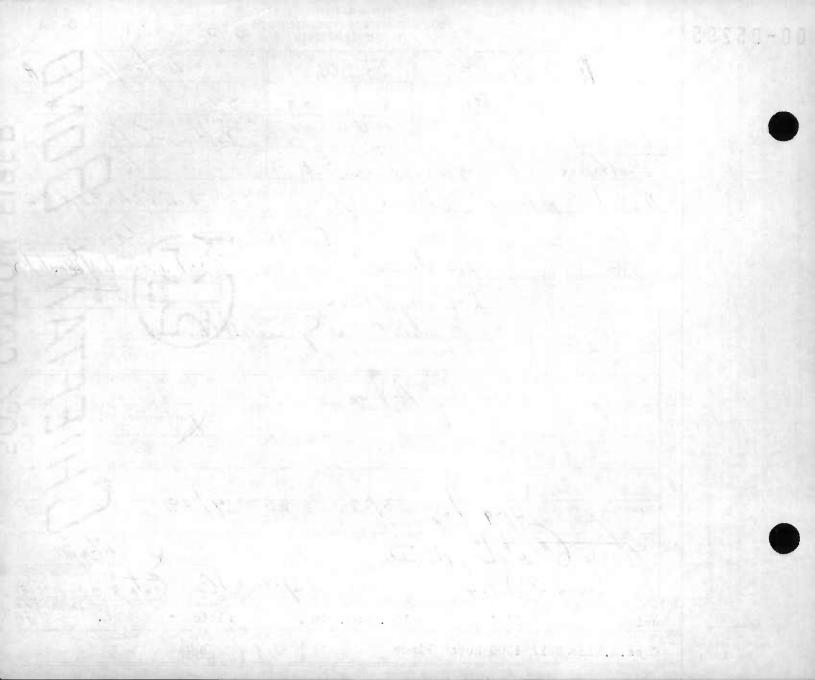
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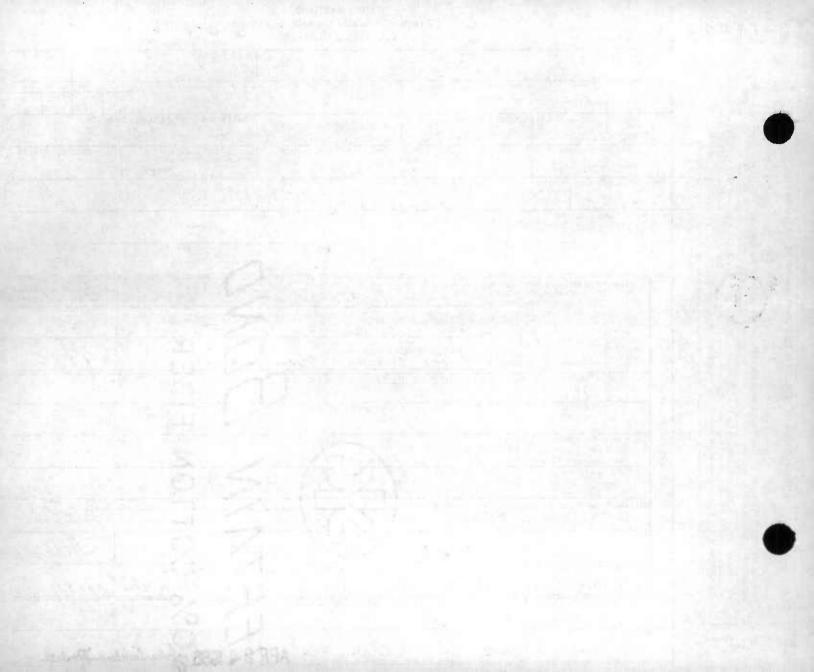
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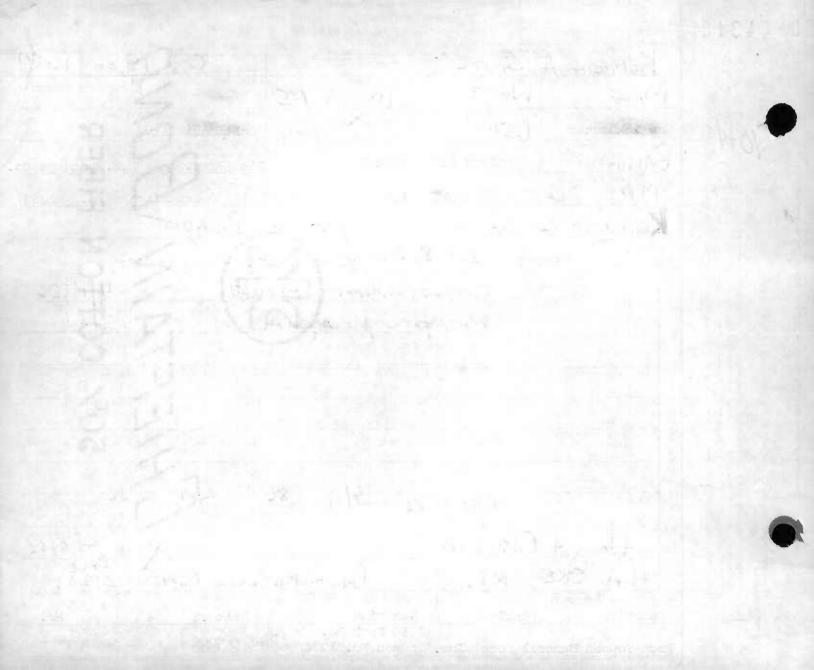
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TTENDO pital or TTOR: A for use of Heal of Heal	27a I certify that it (this is use the desired also above, (1) and idid id		and that in (my) (our) opinion di	eath occurred on the date and hou	19 6 . that (I) (we) lost ar and from the couses stated
A 0 0 0 7	The SIGNATURE	Wolst, M.D.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1/29/86
TO HOSPITAL retoined by #1 TO FUNERAL should be det with the State	TIL PHONE THAME?	J. WALSH	Outversity AM	ryfund Concer Con	225. Greene Street
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DHMH - 16 60M 7/84	24 FUNERAL DIRECTOR  Chas A Rice 1	SPA 1300 Euta₩ºººPlace		REC'D. BY REGISTRAR 256. REGIST	TRAR'S SIGNATURE



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be oge 3 deoth	1. DE	CEASED NAME FIRST KE	ENNETH MIDDLE A	• SMITH		ONTH PAY YEAR 26 HOUR PM
de 4 mo	3.5	MANE	4. RACE WHITE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHE	MONTHS DAYS HOURS MIN.
<b>O</b> 118		assachusetts	76 CITIZEN OF WHAT COUR	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore (	
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AND 212	USU 13a.	AL RESIDENCE (IF NUR	THER INSTITUTION GIVE RESIDENCE 13c. CITY		13e.STREET ADDRESS / 2	
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be execution and control on and control on and control on the cont			E WAR OR DATES)	Eileen M. Sr	ADDRESS mith - same a	
N ST., BAL certificate ting physici orban paper or removal.		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSEI IMMEDIAT	E CAUSE (o)	101010101	EST	APPROXIMATE INTERVAL BETWEEN ONSETTAND DEATH
. PRESTON the death cr the ottendin remove corb emotion, or er troumotic	=	Conditions, if ony, which gove rise to immediate couse (0), stating the	DUE TO, OR AS A CON	STATIC VICLANOMA	•	3/84
RDS, 201 W. I	7	PART 2 OTHER SIGNIFICANT C	(c)	G TO DEATH BUT NOT RELATED TO THE TERM	Inal disease or condi	TION GIVEN IN PART 110
L RECORT	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR W	WHICH OPERATION WAS PERFORMED		ROD. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH?  YES \( \square\) NO \( \square\)
DN OF VITA  IYSICIAN: Th  ding physicio is certificate buriol-transit  Mental Hygie	MEDICAL CE	2 a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED	P.M.	19	RED (ENTER NATURE OF INJURY I	NITEM 18 PART I OR PART 2)
DIVISION DING PHY or oftendin After this e os the bu dith and M marked or	MED	WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, C	12/10 00	CITY OR TOWN	COUNTY STATE
Spital CTOR: for us of Her us		220. I certify that (I) (this hospit sow the deceased alive on above, (I) (we) (did) (did not 22b. SIGNATURE	417	X L	deoth occurred on the date	ond hour and from the causes stated
HOSPITAL OR A ned by the hose FUNERAL DIRECTOR A store Dept ORTANT: If her		22d PHYSICIAN'S NAME (TYPE OF	Okenso	ATTENDING PHYSICIAN  22e. ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIA	NATE SIGNED ST. DATE SIGNED
TO HOSPITAL retained by the TO FUNERAL should be determined by the Store IMPORTANT: IMPORTANT: I	230	BURIAL, CREMATION, REMOVAL	123b, DATE	UNIV OF MA	CANCER CE	0 2/201
BP	Cı	cemation	4-23-86	23c. NAME OF CEMETERY OR CREMATORY Westview	23d LOCATION CITY OR TOWN Balto.	COUNTY STATE Md.
DHMH - 16 60M 7/84		UNERAL DIRECTOR	*ADD	RESS		REGISTRAR'S SIGNATURE
(VRA 15, 4)	R	ick Towson Funer	al Home, Inc.	Towson, Md. 21204 AP	N 42 1980 4	his Taindson-Randelle



5			FOR FLEY	mlx	2200	DEPART	STATI MENT OF H	E OF MA	ARYLAND AND MEN	) NTALHY	GIENE			. 0	
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	30 00 00 E	(iii)	E OR PRINT)	MAROU	ITA			SN	HTIN			OF ESTI-	_	24 19 86	5 M
	PLEASE RECTOR. R FILES HOURS STREET,	3. SEX		4. RACE	5. DATE OF BIRTH	VEAR	6. AGE (IN YEAR	IF UND	ER 1 YR. IF	FUNDER 24		DATE	MONT		R 2d HOUR
	と立つひて	E.	male	Black	3 31	YEAR 84	2 YRS	MONTHS	DAYS	HOURS		NOUNCED DEAD	Λ	24 1986	4:14 P M
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	85788	USUA	L RESIDENCE	(IF IN NURSING HOME	OR OTHER INSTITUTION, G	IVE RESIDENCE	BEFORE ADMISSION	) .					-10	61	
9130	\$9685A		TATE	136 COUN	ITY		OR TOWN		3d. INSIDE CITY	NO	3e. STREET		27 19	101	
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1	JRS AFTER D S. GIVE PAG WITH FORM WITH FORM DIVISION O	(Y)	ES, NO, OR UNKNO	WN) (IF YES, GIVE	WAR OR DATES)				0	- (0	Crisf	ielf.	Whift		
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2	Ser Per			IMMEDIA	TE CAUSE (a)	AS A CON	ISEQUENCE OF	Puu		au	ma				
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3	PENCIL AMINER TRAN			e to immediate stating the under-		AS A CON	ISEQUENCE OF								
100	EXAM EXAM SON, O		lying cau		00010,00	AS A CON	ISEQUENCE OF								
Ş	NN PER E		PART 2 OTHER SIL	CHIEFCANT CONDITIONS	CONTRIBUTING TO DEATH	BIST NOT BELA	TED TO THE TERMIN	AL DISCASS O	DE CONDITION C	THEN IN BARY	1				
	VER. THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOU.  AATE, WRITING THE WORD." PENDING", IN PENCIL IN ITEM 18  FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG V.  PROFES 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMITHE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, IND, 21201 PRIOR TO BURIAL. CREMATION, OR REMOVAL.	N	TARI & GIRCE SH	JAN CAN CONDITIONS	CONTRIBUTING TO BEATIN	WITHOU MELA	TED TO THE TERMIN	AL DISCASE O	or compilion a	SIVEN IN PARI	1 101.				
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	ZHY SEE	-	SIGNATURE_	4	1			M.D	, <u>11001</u>			EXAMINER		JINED	
	TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE. PAGE 4 SHOULD BE FORW TO FUNKAL DIRECTOR: PAFTER DEATH, WITH THE STAMEN ORE, MARYLAND, 2		EXAMINER'S (TYPE OR PRIN	NAME Ann	M. Dixon,	M.D.	11/12	A[	DDRESS	111 E	Penn S	t., Ba	alto.,	MD 212	01
	53.55.8 <u>—</u>	23e.B	JRIAL, CREMA	TION, REMOVAL	36. DATE	23c. N	NAME OF CEME			Υ	23d LOCAT	ION		CHAITY	67475
07/8	121	I	Burib1		4-29-86	Lo	retta	Ceme	etery		Pri	ncess	Anne	, Md.	STATE
25M	DHMH - 17		Hellell		SME ESS		100			O. DATE RE	C'D. BY REC	ISTRAR 256	REGISTRAR	SAGNATURAL	6
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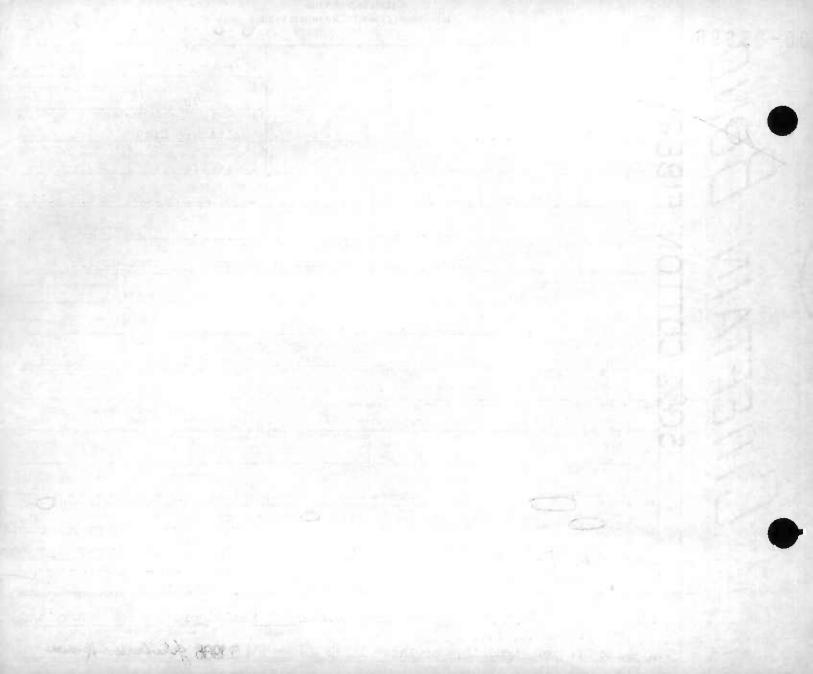
Tananer Carrie

OSPITAL OF ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours ofter death. Page 4 may be used by the inspiral physician and completely filled in by the funeral director, page 3.  WERAL DIRECTOR. After the confliction man is gined by the attending physician and completely filled in by the funeral director, page 3.  In the director of the funeral director is a filled in the funeral director of the other death.
ADING PHYSICIAN. or ottending physic. After this certifical se as the burial-high

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oy be oy be			Jerome JERome	MIDDLE J.	Smullen Smullen	20 DATE OF DEATH	MONTH DAY	86 1240 Am
ge 4 mo	3. SE	MAle	4 RACE	white	5. DATE OF BIRTH  MONTH  DAY  YEAR  7  4  22	6. AGE (IN YEARS LAST BI	MONTHS	ER I YEAR IF UNDER 24 HRS
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urs ofter in by the f		ITY OR TOWN OF DEA  BALTIMON  AL RESIDENCE (IF NURS)	(IF NOT IN	OF MARYL	AND MED. SYSTEM	120 USUAL OCCUPAT	OF WORKING LIFE) IN	PAINTER
hin 24 ho ily filled i should b	130.	STATE MD	MICOMICO	13c. CITY OR TOWN	1 13d. INSIDE CITY LIMITS?		/ ZIP CODE ENTON S	T. 21801
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e be exection and ers. Page	ASSESS OF THE PARTY OF THE PART	YES, NO OR UNKNOWN)	(IF YES GIVE WAR OF DATES)	213-18-	6279 Sherry Smu	illen Sali	sbury,	MD 21801  APPROXIMATE INTERVAL  GETWEEN ONSET AND DEATH
certificating physical physica			(Enter only one cause p AS CAUSED BY: IMMEDIATE CAUSE (a)	GE0>1070	GREAT NECK	VESSELS	=>1/3/m/	5 HOURS
that the death d by the attend ease remove co ol, cremation, or or ather troumal		Conditions, if ony, gove rise to imm cause (a), stating underlying cause	which (b)	OR AS A CONSEQUE	E RECURRENT	LARYNX C	ANCER	2 MONTHS
equires an signed Then pl to buri	NOI	111.	IFICANT CONDITIONS		EATH BUT NOT RELATED TO THE TER	minal disease or com	NDITION GIVEN IN	PART Ita
The low	CERTIFICATION	190 DATE OF OPERAT			DPERATION WAS PERFORMED	200 AUTOPSY? YES NO	IN CERTIFYING YES	E FINDINGS USED CAUSES OF DEATH? NO [
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WG Pho or the th th and h	MED	21d INJURY OCCURR  WHILE NOT WHI  AT WORK AT WOR	LE [AT HOME,	E OF INJURY STREET, FACTORY, OFFICE, FA		CITY OR TO	OWN CC	DUNTY STATE
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by the high of the		Christie 22d. PHYSICIAN'S NA	MF (TYPE OR PRINT)	noghy	DEGREE ATTENDING PHYSICIAN  1220 ADDRESS 200000	MEDICAL STA	CIAN	Y/14/86
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DHMH - 16 60M 7/84 (VRA 15, 4)	Z	EllerFine	RAL Home	Satish	ury Mol.	MAT 7 1986	June sie	reason fordation

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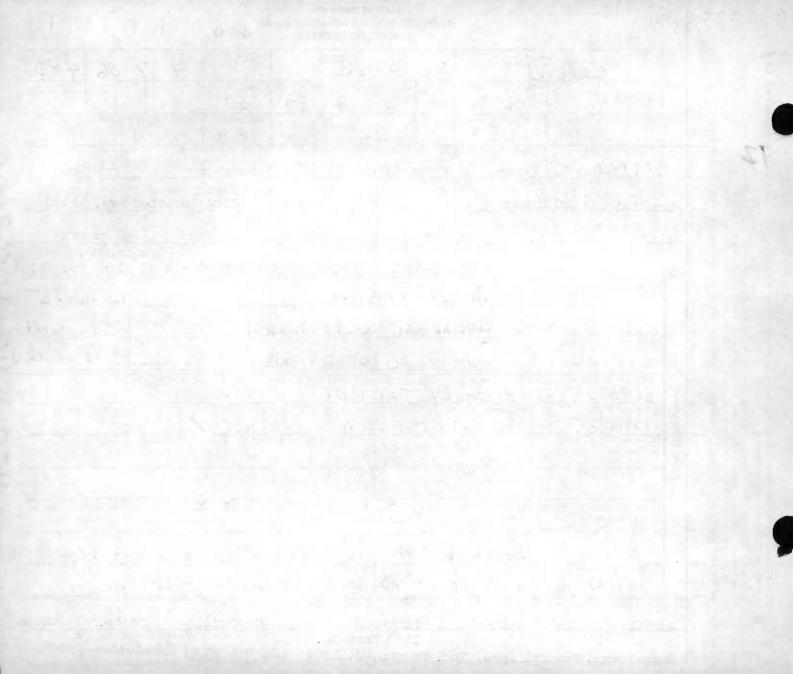
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEASED NAME 2n DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) JUANITA B SNYDER deo APRIL 986 8:05AM 6. AGE (IN YEARS LAST BIRTHDAY) 4 RACE 5. DATE OF BIRTH IF HINDER 1 VEAR 3. SEX MONTH YEAR 1915 White 6 14 70 Female BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE I STATE OR FOREIGN 7h. CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED Pennsylvania U.S.A. WIDOWED Baltimore City CITY OR TOWN OF DEATH M. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a, USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Housewife Baltimore Church Hospital SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 31 COUNTY 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Baltimore Dundalk NO X 2904 Dunran Road Apt. A 21222 Maryland FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Nellie William Henninger A. Hine ADDRESS 16b SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? EYES, NO OR UNKNOWN (IF YES GIVE WAR OR DATES) Same as 13e 213-30-8130 Lawrence E. Snyder APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c) PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) RESPIRATORY FAILURE MONTHS DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which ACUTE PHLMONARY EDEMA MONTHS gove rise to immediate couse (o), stoting the STENOSIS AND REGURGITATION DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. RHEUMATIC HEART DISEASE WITH MITRAL YEARS PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION ARTERY DISEASE: CEREBROVASCULAR ACCIDENT 19h CONDITION FOR WHICH OPERATION WAS PERFORMED In DATE OF OPERATION 28n AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 986 FEBRUARY 18.1 TRACHEOSTOMY NOT 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 86 to MRAPRIT 220.1 certify that (1) (his hospital attended the deceased from FERRITARY sow the deceased alive on APRII. 12 obove, (I) (we) (did (did nat) view the bady after death 19 86 , and that in (my) Gur opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 1986 PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS CHURCH HOSPITAL CORPORATION, G. VELLANIKARAN BALTIMORE 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY) CITY OR TOWN Oak Lawn Cemetery Baltimore Burial 4/15/1985 Maryland 24 FUNERAL DIRECTOR Duda-Ruck, Inc. 25n DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/B4 (VRA 15, 4) Artia Daydon-Aardall 7922 Wise Avenue Dundalk. Maryland



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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	1-	FOR STATE REGISTRAR	DEF		EALTH AND MENTAL HY	GIENE 8 6	11193
1		EASED NAME FIRST	MIDDLE	L	AST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
1	11	DAVIS	LEO	SPA	NGLE	4	12 86 8:30 P
1	1. SEX		4 RACE	5. DATE C	) F BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	M	ALE	Caucasian	5	23 21	64 YRS	
1		THPLACE TO ATE OR FOREIGN	TE CITIZEN OF WHAT COUN	NTRY? 8.	D NEVER MARRIED	9 BALTIMORE CITY OR COUN	
١	Davis.	nnsylvania	U.S.A.	WIDOWE	2.5	Control of the Contro	CITY
9	Time.	TY OR TOWN OF DEATH  LTTMORE	11. NAME OF HOSPITAL, N	STREET ADDRESS)		120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
1	200	L RESIDENCE (IF NURSING HOME OR	UNIVERSITY	BEFORE AGMISSIONI	YLAND	Salesman	Self Employ
2	130 S MA	RYLAND A	TY 13c CITY OF		13d. INSIDE CITY LIMITS? YES NO X	136 STREET ADDRESS / ZIP CO	
7	1V/A	THER'S NAME FIRST A	AIDDLE LAS	ST	15. MOTHER'S MAIDEN N	AME	LAST
1	1	George W	D D CLIL		Maud		Davis
ì		'AS DECEASED EVER IN U.S. ARA ES NO OR UNKNOWN)   (IF YES GIVE	MED FORCES? 166 SOCIAL	SECURITY NO.		Burnie, Maryla	
-	- 6	~NO ~	218 0	7 3634	Barbara Sp	angle 415 Map	
1		18 CAUSE OF DEATH (Enter and PART I. DEATH WAS CAUSED	y ane couse per line for to), (	b), and (c).			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		IMMEDIATE	CAUSE (a) 57%	OKE			HINE DAYS
			DUE TO, OR AS A CON				
		Canditians, if any, which	( 1b) PIN	TE SETTES		Laboration Co.	
		couse (o), stoting the underlying couse lost.	DUE TO, OR AS A CON				
			107	OHULIST			
	NO O	PART 2 OTHER SIGNIFICANT C	onditions <u>contributin</u>	<u>G TO DEATH</u> BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION (	GIVEN IN PART 1:0
Ì	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 200. IF IN CER	YES, WERE FINDINGS USED PARTIES OF DEATH?  YES NO NO
5	GE.	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH	J DAY VEAD	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM	tend tend
	CAL	OR CONTRIBUTING CAUSE OF DEAT	P.M.	19			
	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	SEELCE EADAN ETC.)	211 LOCATION	CITY OR TOWN	COUNTY STATE
	2	AT WORK AT WORK	(Arrione since), Acroni, e	TICE TARM, ETC.			
		22a.1 certify that (1) (this haspite			3 , 19.8%	to Parel 12	_, 19_86, that (I) (we) lost
		sow the deceased alive an obave, (U (we) (did) (did not	view the body ofter death.	19 86 . or	d that in (my) (our) opinia	n death accurred on the date and h	our and from the causes stated
		22b. SIGNATURE			DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED
		muche a	J. J. Cao-		> PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	4/12/86
		22d. PHYSICIAN'S NAME (TYPE OR			22e ADDRESS		
		STEARNS MI				ty Hospital	
	23e BU	JRIAL, CREMATION, REMOVAL	23b. DATE		EMETERY OR CREMATORY	CITY OR TOWN	COUNTYSTATE
		BURIAL	4/15/86	Glen H	aven	Glen Burnie	A.A. Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

Raymond C. Fink Glen Burnie, Md.

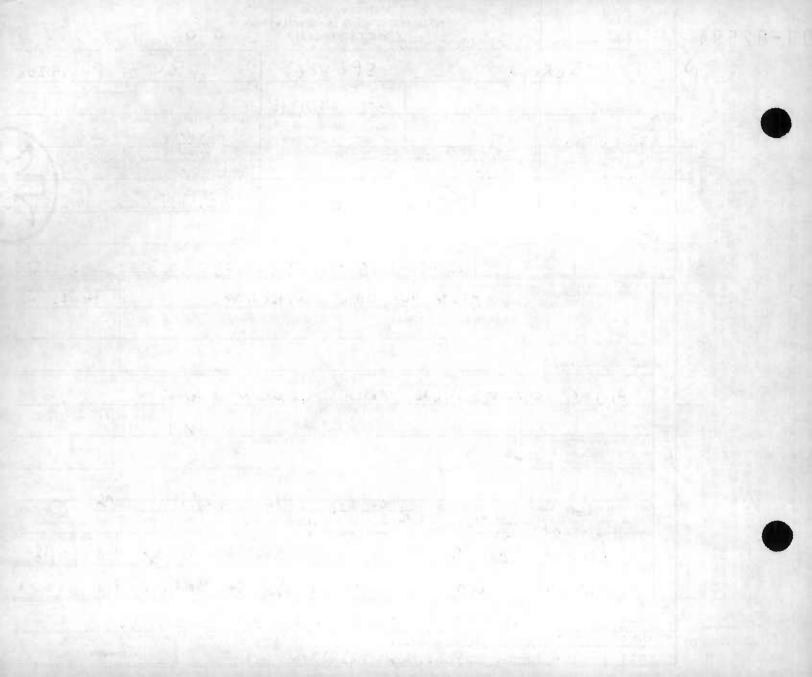
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	11	FOR STATE		RTMENT OF HEALTH AND MENT		1 1 1 0 8
02594		REGISTATheresa	Elizabeth Spe	ence TAST	H O REG. N	. 11193
		CEASED NAME FIRST	MIDDLE	EHU!	20. DAIL OF DEATH	MONTH DAY YEAR 26 HOUR
page 3	) (In	EORPRINT) THER	EBA	SPENCE		04 01 86 1420 m
Ter d	3. SI	x	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BI	RTHDAY)  IF UNDER : YEAR IF UNDER 24 HRS  MONTHS DAYS HOURS MIN.
ecto rrs of		Female	Cauc.	07 25 1	89 89	YRS.
hou hou	70"E	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8 MARRIED NEVER MARR	BALTIMORE CITY	DR COUNTY OF DEATH
Je Je	5	Balto.,Md.	USA	WIDOWED DIVORC		more City MD.
with with	10 0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUI	RSING HOME OR OTHER INSTITUTI	120 USUAL OCCUPAT	ION 126 KIND OF BUSINESS OR
: 100	1	Balto.	Mercy Hos		Homemake	
31.0	130.	STATE 136 COL		FORE ADMISSION) OWN 13d. INSIDE CITY LI	MITS? 13e.STREET ADDRESS	/ ZIP CODE
200	2	Md.	Balto		□ 617 N. H	ighland Ave. 21205
2	14. F	ATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAI	DEN NAME	LAST
J. E		John Dohmer		Rosa U	Inknown	
dical		WAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIALS	ECURITY NO. 17 INFORMANT	ADDR	ESS
Page me		No	- 219-	32-1680 Ruth S	Spence, 4903 L	aSalle Ave. 21206
t, the		18 CAUSE OF DEATH (Enter	only one couse per line for (o), (b)	, and (c)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ema			ATE CAUSE (a) A CU TE	MYOCARDIAL IN	FARCTION	Hours
ar r			DUE TO, OR AS A CONSE	QUENCE OF		
tion,		Conditions, if any, which	( b)		TO VICE HE HAVE	
ema er fr		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSE	OUENCE OF		
ol, cr rath		underlying couse last	(c)			
buric ry, o	1_	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO T		DITION GIVEN IN PART 110
a sini	ē	ACUTE 1	NTHABDOMINA	L CRISIS, UN	KNOWN CAUS	5
print print	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WH	ICH OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
Now C	- E				YES NO	YES NO
transit Hygiel 18 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		DAY YEAR 21c. HOW INJURY	OCCURRED (ENTER NATURE OF INJ	JRY IN ITEM 18 PART 1 OR PART 2)
ento	7 8	(IF EITHER NOTIFY MEDICAL EXAMIN	IER) P.M.	19		
d o A	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	ICE, FARM ETC.)  211 LOCATION STREET	CITY OR TO	STATE YTHUO OWN
th ar	1	AT WORK AT WORK			0	est.
leol s mc			pital) attended the deceased fro		16 to 24/0	19.50 tha (1) (set last
of to		saw the deceased above above (1) (whe) (did) (alid)	on	9, and that in (my four)	opinion death accurred on the c	late and have and from the causes stated
shed lept Herr		226 SIGNATURE	^ .	DEGREE		22c. DATE SIGNED
ote C		I den't	· laur/es		IDING MEDICAL STA	CIAN 8 0 8 01/86
TAN TAN		224. PHYSICIAN'S NAME (TYPE	OR PRINI	22e ADDRESS		
should be der with the State IMPORTANT:		1/JOHN CA	LY MO	301 St	Paul St Bal-	Time Md 21202
4 3 ₹	230	BURIAL, CREMATION, REMOVA	AL 23b. DATE	3c. NAME OF CEMETERY OR CREM	ATORY 23d LOCATION	
		Burial	4/4/86	Baltimore Cen	metery Balt	co., Md.
16 60M 7/B4	24 F		neral Home		250. DATE REC'D. BY REGISTRAR	
15, 4)			Lane, Balto.		R 0 4 1986	in our way - Parkette

STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE LAST 2a. DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) April 28 Doris Spencer 1986 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER 24 HR MONTH 02/13/13 hemale Ta. BIRTHPLACE 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED Baltimore North Carolina WIDOWED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION IR CITY OR TOWN OF DEATH 12a USUAL OCCUPATION BUSINESS OR 17h KIND OF INDUSTRY TYPE OF WORK FOR MOST OF WORKING LIFE St. Agnes Hospital clerk Baltimore City mag. **USUAL RESIDENCE** 13a. STATE 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 1224 Francis Haleth Baltlimore Avene Md NOOT 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME William C. Whitaker LAST Elsie A. Atkins IM. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 218-18-4617 H. Lester Spencer 1224 Francis Avenu APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0 DUE TO, OR AS A CONSEQUENCE O Conditions, if any, which gave rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 206. IF YES, WERE FINDINGS USED 19n DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED 78x AUTOPSY IN CERTIFYING CAUSES OF DEATH? Hygier 21a. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED ( ENTER HATE) 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21f LOCATION 21e PLACE OF INJURY COUNTY CITY OR TOWN STATE (AT HOME STREET, FACTORY, OFFICE, FARM ETC ) NOT WHILE 22a. | certify that (1) (this haspital) attraced the and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 22h SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN Should be deta 4/28/86 MPORTANT: 72d PHYSICIAN SOLAME 22e ADDRESS Dr. Marcelino Alburne, M.D. Westview Mall 232 NAME OF CEMETERY OR CREMATORY 30/86 Meadowridge 230. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation 23b. DATE 23d LOCATION 4/30/86 CITY OR TOWN CATONSVILLE 24 FUNERAL DIRECTOR NAME AMBROSE FUNERAL HOME AP328 SULPHUR SPRINGAPPAQ 250. DATE REC'D. BY REGISTRAR 74 REDUTATION OF THE PROPERTY OF DHMH - 16 50M 4/83 (VRA 15, 4)

					STATE	OF MARYLAND				
-03586	1-	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	80	1 1		9 /
	I DE		FIRST	MIDDLE	L	AST	REG. N 2a. DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
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dec dec	3. SE:		14. RACE		5. DATE O		6. AGE (IN YEARS LAST BI	RIHDAYI IF	UNDER 1 YEAR	IF UNDER 24 HRS
ge 4 in redor	3. 3E	M al		W hite	MONTH		90		NIHS DAYS	HOURS MIN.
6 60		RTHPLACE (STATE OR FOR	EIGN 76. CITIZEN	OF WHAT COUNTRY	8.	NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY O	FDEATH	
1		ARYLAND	US	SA	WIDOWE	D DIVORCED	BALTIM	ORE CIT	Y	MD.
V	10. 61	TY OR TOWN OF DEATH		OF HOSPITAL, NURSI		R OTHER INSTITUTION	12a. USUA COCERPICT	ION OF WORKING LIFE)	12b. KIND OF INDUSTRY	BUSINESS OR
119	-	BALTIMORE	1	SINAL	Hos	PITAL.	XXXXXX	XX	RETA	
100	13a. S	TATE	COUNTY	13c. CITY OR TOV	WN	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS			21208
	10.5	THER'S NAME	BALTIMOR	E BALTIC	noke	YES NO XX	3619	SEVEN	MILE	- LN
15/12/	7	FIRST	WIDDLE	CDTCLED		FIRST			GLICKM	
1/2/	/	LOUIS	U.S. ABUSE SORGE	SPISLER	LIBITY NO		S CECILEADS			AIN
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and a	-	PART 2 OTHER SIGNIF	ICANT CONDITIONS	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 10	
400	ATION	meters.	tatic r	-ectal		nomA				
0 0 0	JC.A	190. DATE OF OPERATIO	N 196. CO	NDITION FOR WHICH	H OPERATIO	N WAS PERFORMED	20a. AUTOPSY?		VERE FINDING NG CAUSES C	
100	CERTIFIC	4/2/8	16	rectal	CA		YES NO NO	YES		NO 🗆
1 to 1 to 1	5	210. ACCIDENT WAS UNDER OR CONTRIBUTING CAL		E OF INJURY A.M. MONTH	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	JRY IN ITEM 18, PART	1 OR PART 2)	
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Teo F		22a I certify that (I) (th	11.		G-1	4-1 19 84	, 10			hat (I) (we) last
2 4 50			alive an	ady after death		d that in (my) (aur) apinion (	death accurred an the d	late and haur a	nd fram the co	auses stated
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6 30M 2/80	24 FU	INERAL DIRECTOR S	OL LEVINS	ON & BROS.	. INC.	25a. DATI	E REC'D. BY REGISTRAF	PENEGISTRA	R'S SIGNATH	ende Pe
RA 15, 4)	6	010 REISTER	STOWN DD	DALTO		AP	R 1 5 1986	Jane 1	- (1000)	
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DHMH - 16 60M 7/B4 (VRA 15, 4)

FOR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

9 -	STATE REGISTRAR	DEFARIA	CERTIFICATE OF DEATH	REG: NO.	
	CEASED NAME FIRST ELATI	VE 5.	SPICER	20. DATE OF DEATH MONTH D	7 86 715 PM
3. SE	FEMALE	BLACK	5. DATE OF BIRTH  MONTH DAY, YEAR	44 yrs. "	IF UNDER I YEAR OF UNDER 24 MRS. ONTHS DAYS HOURS MIN
	COUNTRY) MD	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED UNIDOWED DIVORCED	BALTIMIRE  120 USUAL OCCUPATION	
BI	ATTHORE, MD.	WYMAN PARK		(TYPE OF WORK FOR MOST OF WORKING LIFE	
130 5	AL RESIDENCE (IF NURSING HOME OR STATE BACT	MURE BAITH	10RE YES NO [	1300 E. LAFAY	erre Aves
4. FA	THER'S NAME  LATTHEW	Huggins AST	15. MOTHER'S MAIDEN NA	MICHOLE	nni LAWRENCE
		wed Forces? 166 SOCIAL SECU E WAR OR DATES) 220-36-	1841 WANDA /	MEDLEY 704	McClean Blod.
	PART I. DEATH WAS CAUSED	y one couse per line for (a), 1b), one DBY: E CAUSE (o) CARDID —	RESPIRATING A	TREST	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSCOUR	DISSEMINATED	D ADENOCANC	NOMA From
CERTIFICATION	PART 2. OTHER SIGNIFICANT C	19% CONDITION FOR WHICH	DEATH BUT NOT RELATED TO THE TERM  OPERATION WAS PERFORMED  IBSTRUCTOM	20a AUTOPSY? 20b. IF YES,	N IN PART TO  WERE FINDINGS USED (ING CAUSES OF DEATH?
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MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
	22a I certify that (I) (this hospit sow the deceased alive an above, (I) (we) (did) (did not 22b. SIGNATURE	4-///	, ord that in (my) (our) opinion of DEGREE	deoth occurred on the date and hour	9, that   I) (we) lost and from the causes stated

22e ADDRESS

MEDICAL STAFF

MAME OF CEMETERY OR CREMATORY

23. BURIAL CREMAND 4-22-86 GASTISON TOTEST BURIAL DIRECTOR CALVIN B. SCRUBGS 14/12E, Prestonst

250. DATE REC'D. BY REGISTRAR

2932		1-	FOR STATE	DEP	ARTMENT OF HE	OF MARYLA ALTH AND A CATE OF D	MENTAL HYG	IENE 6	- 1	11	9	) 9
2932	at.		REGISTRAR FIRST	MIDDLE	CERTITIO	TAIL OI D	LAIN	REG 2s DATE OF DEATH	NO.	DAY	YEAR	2b. HOUR
ay be loge 3 death			OR PRINT)  ROSE	MIDDLE	SPI	EGELF	FORD	28 DATE OF DEATH	04		86	0410am
pog pog		3. SE.		4. RACE	S. DATE OF	BIRTH		6. AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER		IF UNDER 24 HRS
ctor,			FEMALE	WHITE	09	04-	04	81	YRS.		DAYS	HOURS MIN.
2 Po Po 2	92	7a B	RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUN	MARRIED	□ NEVER M	AARRIED 🗆	9 BALTIMORE CIT				
deat hin?	$\sim$	10.0	VIRGINIA ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL N	WIDOWED		VORCED [	120 USUAL OCCUP	IMORE			MD F BUSINESS OR
471			BALTIMORE	(IF NOT IN SUCH FACILITY, GIVE	STREET ADDRESS)	BALTIA		HOUSE W	ST OF WORKING		USTRY	MESTIC
1 1	- 1		AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION)	13d. INSIDE CI		13e STREET ADDRES		DF		
7 mg	50	400			LTIMORE	YES 🛣	NO 🗌	2811 BA	RTOL	AVE	= 2	21209
with letely d 2	~	14. F/	ATHER'S NAME	MIDDLE (A)		15. MOTHER'S	MAIDEN NA	ME MIDDLE	E /	20.	LAST	
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has b		IIFIC/	176. DATE OF OPERATION	178. CONDITION TOR V	VIIICII OI EKANON	WASTERIO	, , , , , , , , , , , , , , , , , , ,	YES NOT	IN CER			OF DEATH?
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Sprital SCTOR of for u	7		saw the deceased alive or above. (1) (we) (did )(did no	APRIL 5	19 <u>86</u> , onc	that in my	(our) opinion	death occurred an th	e date and h	our and tr	rom the c	couses stated
o h h	E		22b. SIGNATURE	regimo			ATTENDING		STAFF ~	220	4.5	
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etained by TO FUNER should be with the Ste	2		WILLIAM N	1. BOGGS, M.	D.	SINA	n Hos	PITAL OF	BALT	TIMO	NE	
	2		BURIAL, CREMATION, REMOVAL	23b. DATE 41-4-96	23c NAME OF CE		4 0	23d. LOCATION		COUNT	TY	STATE
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	Z E STI			(C) (E) (U)		MONTH DAY	YEAR LAST BIRTHD	AY) MONTH			MIN. PRON	DUNCED		2 00	12:26
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	ORE, MD. 21201  DEATH. JF ANY DELAY IS NECESSARY, PLEASE GES 1, 2, AND 3 TO THE FUNERAL DIRECTOR. RM PM. 3, RETAIN PAGE 5 FOR YOUR FILES. I AND 2 SHOULD BE FILED, WITHIN 72 HOURS OF WITAIL RECORDS, 301 W PRESTON STREET.	5	3a S1	Md.	13b COUN	TY	Baltimor		13d. INSIDE CITY YES X	NO 🗆	13e STREET AD	oress 6 Ken	tuck	y Ave.	21213
	MD. 17. 17. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18		14. FA	THER'S NAME		WIDDLE	LAST		15. MOTHER'	SMAIDEN	NAME	MIDDLE		LAST	
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	BALTIMORE, S AFTER DEA GIVE PAGES ITH FORM P PAGES I AN			les	WW	II	212-09-7	782	Lor	rain	e King	g (dgn	itry Ed	deewood	Md.
	HOURS W 18. G WG WIT WMT. P.			18 CAUSE OF DEA PART I DEATH V	TH (Enter onl	y one couse per line	for (a), (b), and (c).)							APPROXIMA BETWEEN ONS	TE INITEDVAL
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	CUTE CUTE IN IN I					(c)									
	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMG FR. THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER I ATE, WRITING THE WORD "PENDING" IN PENCIL IN 1TEM 18. GIVE PAG ORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FOR, NR. PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES I HE STATE DEPRATIMENT OF HEALTH AND MENTAL HYGIENE, DIVISION GNO, 21301 PRIQR TO BURIAL, CREMATION, OR REMOVAL.		NO	PART 2 OTHER SIGNIFICAL	NT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERA	AINAL OISEASE	E OR CONDITION G	GIVEN IN PART	11(a)				
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	OF V	5	CER	21a. EXTERNAL CAL		21h TIME OF	MONTH DAY YEAR	21c HC	OW INJURY O	CCURRED	LENTER NATURE C	OF INJURY IN ITEM	18 PART 1 OR PA	ARY 2)	
	ON THE CONTRACT OF THE CONTRAC		CAL	UNDERLYING X	OR CAUSE OF D				bject :	shot.					
	S CERTIFIC RITING TH RDED TO SE 3 SHOU TE DEPARTI		MEDICAL	214 INJURY OCCUP	RED	STREET FACT	OF INJURY (AT HOME,	211. LO	CATION		CITY O	RTOWN	60	OUNTY	STATE
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	R: TI VTE, V PR: PV E ST, D, 2					e of the remains des	cribed obove, held on	Autop	sy X.	Inspection	, Ings	iiry 🗍	and in my op	pinion	4
	M S A C H N			death resulted from	n: Natur	ol couses .	Accident . Su	vicide	, Homicid		Undetermined		].		
	EXAM CERTI DIRE WARY			Λ		0	_		TITLE (SPE						
	A COUCH			ACTUAL SIGNATURE	11/	DX.		. M.			MEDICAL E	CAMINER	DATE	4-4-8	6
	NEW STATE	7		/( )		1	14.5								
	TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE. Y PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PY AFTER DEATH, WITH THE STA	4		EXAMINER'S NAME (TYPE OR PRINT)	Ann	M. Dixon,	M.D.		ADDRESS	111 F	Penn St	., Balt	10., M	D 2120	1
	PAFI PAFI PAFI PAFI PAFI PAFI PAFI PAFI	2	3a. BL	IRIAL, CREMATION,			23c. NAME OF CE	METERY O	R CREMATOR	Υ	23d LOCATIO	N	COUP	INTY	TATE
	7/84 BP			Buria		4/7/86	Morela	nd M	lemori	al P	ark I	Balto.		Md	
2:	DHMH - 17		24_FL	NAME SCHIM	unek	Funeral	Home, In	c.	250	DATE RE	C'D BY REGIS	TRAR 256 RE	GISTRARISS	USNATURE	
	(VR AIS ME (S))			3331	Brehm	s Lane,	Balto. M	d. 2	1213			4	and the same of th	Tree Control	ph

CTATE OF MARKURANIE

	STATE O
OR	DEPARTMENT OF HEA

F MARYLAND LTH AND MENTAL HYGIENE

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REG. N	Ю.				
TEAFATH		D.4.W	WE 4.0	0.1	

0-05337	1.	FOR STATE REGISTRAR	CERTIFICATE OF DEATH  CERTIFICATE OF DEATH  REG. NO.						
ge 4 moy be ector, page 3		CEASED NAME FIRST FOR PRINT)  X	LIA U. SPRIGGS	20 DATE OF DEATH MONTH DAY YEAR 28 HOUR 8-30 AN BOOKEN WEAR LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS.  75 YRS  YRS					
s ofter deoth. Page by the funeral direct lied within 72 hours.		IRTHPLACE (STATE OR FOREIGN COUNTRY) 5 . C  ITY OR TOWN OF DEATH  Lath men!	WIDOWED DIVORCED	P. BALTIMORE CITY OR COUNTY OF DEATH  PARTIMORE  (ITHE OF WORK FOR MOST OF WORKING LIFE)  INDUSTRY  RETIRED  P. BALTIMORE CITY OR COUNTY OF DEATH  ME  LIFE  INDUSTRY  INDUSTRY					
d within 24 hour appletely filled in ma 2 shound be to so and the shound be to should be to shou	13a	AL RESIDENCE (IF NURSING HOME O STATE MD 136 COU ATHER'S NAME FIRST		13e. STREET ADDRESS / ZIP CODE 21216 2321 W. Catayotte Ave					
te be execute iction and con ers. Pages 1 ol. the medical e		NO		Jates 23a/ W. La fayett  APPROXIMATE MITERVAI  BETWEEN ONSE I AND DEATH					
e low requires that the death cering.  In.  In.  In.  In.  In.  In.  In.	CERTIFICATION	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMING TO THE THE TERMING TO THE TERMING TO THE TERMING TO THE TERMING TO THE THE TERMING TO THE TERMING TO THE TERMING TO THE TERMING TO THE THE TERMING TO THE TERMING TO THE TERMING TO THE TERMING TO THE THE TERMING TO THE TERMING TO THE TERMING TO THE TERMING TO THE THE TERMING TO THE TERMING TO THE TERMING TO THE TERMING TO THE THE TERMING TO THE TERMING TO THE TERMING TO THE TERMING TO THE THE TERMING TO THE TERMING TO THE TERMING TO THE TERMING TO THE THE TERMING TO THE TERMING TO THE TERMING TO THE TERMING TO THE THE TERMING TO THE TERMING TO THE TERMING TO THE TERMING TO THE THE THE TERMING TO THE TERMING TO THE TERMING TO THE THE THE THE	NAL DISEASE OR CONDITION GIVEN IN PART 110  TOUR THE FORM OF THE PROPERTY OF T					
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TO HOSPITAL & ATTEN retoined by the hospital TO FUNERAL DIRECTOR, should be detoched for with the Stote Dept. of He MPORTANT. If Hem 21 is		226 SIGNATURE  726 PHYSICIAN'S NAME (1998)	DEGREE ATTENDING PHYSICIAN ET P	MEDICAL STAFF DIRECTOR PHYSICIAN DIRECTOR ALL STAFF					
BP	23a	BURIAL, CREMATION, REMOVAI (SPECIFY Burial	5/3/86 Mt Auburn Cemetery	Baltimore COUNTY SMD					
DHMH - 16 60M 7/B4		UNERAL DIRECTOR	F/H West 43107455Wahash Avenue	REC D. BY REGISTRAR ME. REGISTRAR'S SIGNATURE					

DHMH - 16 60M 7/B4 (VRA 15, 4)

William C. March F/H West 4300 Wabash Avenue

Eastern Ave

Zeiler, Inc. 1901

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

(VRA 15, 4)

FOR

REGISTRAR

- STATE



COUNTY STATE and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated 17c DATE SIGNE DIRECTOR PHYSICIAN Burial 4-17-86 St. Mary's Md. Annapolis 24. FUNERAL DIRECTOR SP REGISTRAR'S SIGNATURE Annapolis Md. Hardesty (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE.

2b. HOUR

12b. KIND OF BUSINESS OR

St. 21217

Hurley

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YES [

Maintenance

Ann. Md.21401

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

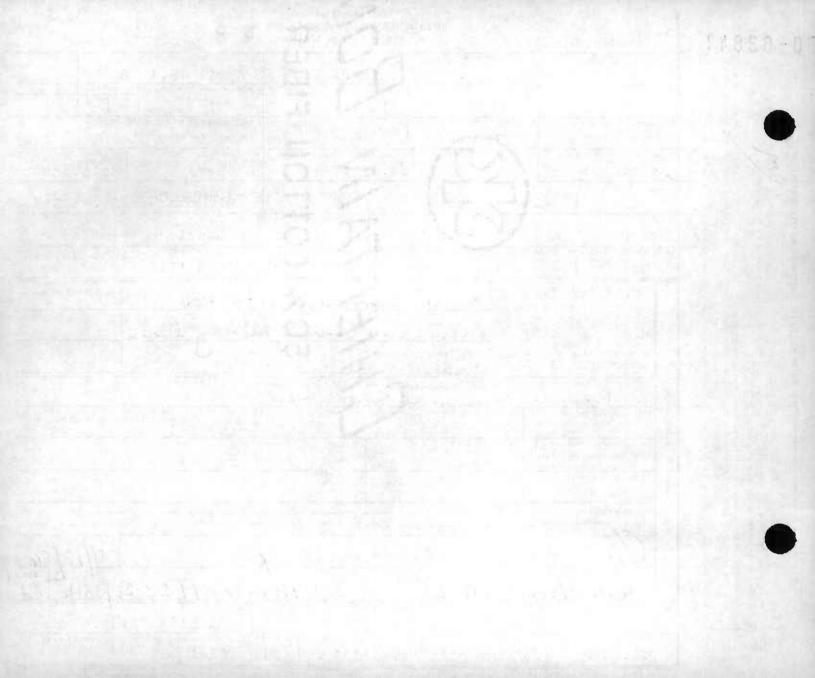
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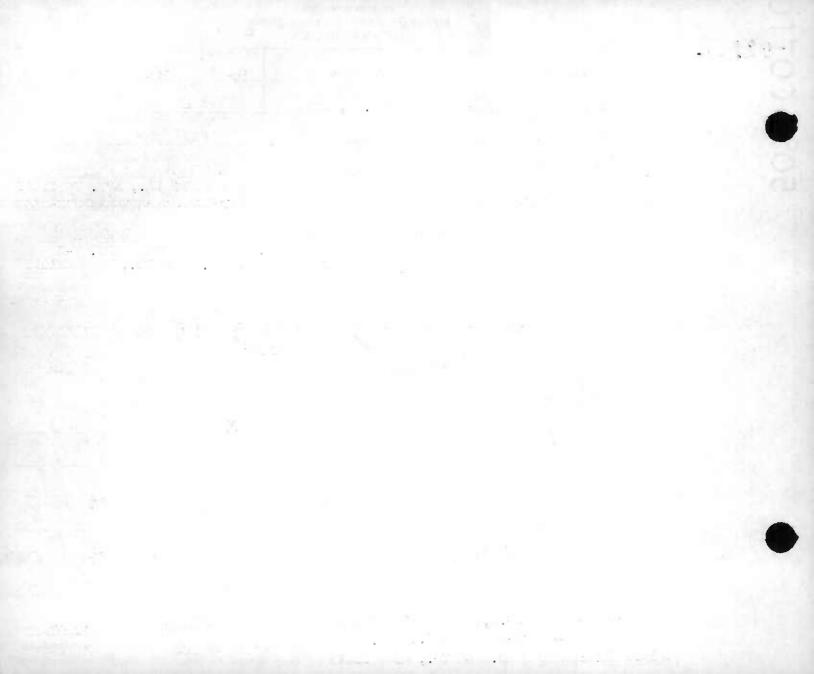
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INDUSTRY

DHMH - 16 60M 7/B4



	1,	FOR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY	GIENE	1204
7 /	1''	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
61.		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
	(170)	OR PRINT)		5TANK	April 1, 1986	4:458 M
1	3. SE		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAS BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS
8		~FEMALE	WHITE	FEB. 7, 1904	82 YRS	5.
21		IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	(? 8. MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUN	ITY OF DEATH
1		MARYLAND	USA	WIDOWED XX DIVORCED	Balt. C	ity MD.
-	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE	ING HOME OR OTHER INSTITUTION ET ADDRESS)	17a. USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING	126. KIND OF BUSINESS OR INDUSTRY
6		Balt- City	Jack Hoor	OF Batt	HOUSEWIFE	AT HOME
2/	USU 13a.	AL RESIDENCE (IF NURSING HOME O STATE 13b. COU	R OTHER INSTITUTION, GIVE RESIDENCE BEH	TRE ADMISSION)  WWN 134. INSIDE CITY LIMITS?	113. 4004 A FORDS INLA	
-			XXXX B	It YESK NO [	*XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
6	14. F	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	AME	LAST
20		CDAVID	CAPLA	N HINDA		UNKNOWN
1		WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166. SOCIAL SEG		S - ELLEEN OF NER	
1		20	215-30	-128 A AABJE, WAR	YRINTH BD BALT	Q., LMD. 0 C2 B215
		18. CAUSE OF DEATH (Enter o	nly one couse per line for (a), (b), a ED BY:	and (cs.)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
eveni, ille			ED BY: TE CAUSE (b) Cord	arrest		10 minute
or ather traumatic	M	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEO	7.7	into	2days
	Z		CONDITIONS CONTRIBUTING TO	D DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION (	GIVEN IN PART 1(0
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATION WAS PERFORMED		YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
9		21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE		DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM	IS PART T OR PART 2)
1	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE	21e. PLACE OF INJURY	211 LOCATION		
	×	WHILE NOT WHILE THE AT WORK	(AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC.) STREET	CITY OF TOWN	COUNTY STATE
DO K CO			ital) attended the deceased from	march 29 10 A	S to April 1	19, that (I) (we) lost
2		saw the deceased plive or	April 1		n death accurred on the date and h	nour and from the causes stated
		77b. SIGNATURE	et) view the body ofter death.	DEGREE		22c DATE SIGNED
: If Item		00.0	17. T	ATTENDING	MEDICAL STAFF	An: (1190
1	-	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	PHYSICIAN 22e. ADDRESS	☐ DIRECTOR ☐ PHYSICIAN 🛣	1 19011 9178
1		A Louis	Weinstein,	10 22 04	HARR OF	01+
	22-	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d. LOCATION	Dalli
		(SPECIFY) BURIAL	APR.3,1986		CITY OR TOWN	COUNTY STATE
	74 E	INERAL DIRECTOR COT T	EVINCON C PROC	BETH TFILOH	BALTIMODE BY REGISTRAPIS PEG	ISTRAR'S SIGNATURE LAND
3	(4. F	NAME OF SUL 1	EVINSON & BROS	, INC.	APR 0 4 1986	- with the forder
		6010 REISTERSTO	OWN RD. BALTO.	MD 21215	W W O 4 1900	



00-0500	1	FOR - STATE	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYD  CERTIFICATE OF DEATH	GIENE 5 1 1 2 0 5
- 0000	1. DE	REGISTRAR CEASED NAME FIRST	MIDDLE LAST	REG. NO.  20. DATE OF DEATH MONTH DAY YEAR 2b. HOUR
be be	{TYF	JACOb	Staten	4-17-86 500
tor, page 3 offer death	3. SE		4. RACE 5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
6 6 6 6	2 0	MALE	Black 4-14-24	9 BALTIMORE CITY OR COUNTY OF DEATH
oth. Po	5 70. 8	IRTHPLACE (STATE OR FOREIGN COUNTRY)	D. S. A. WIDOWED DIVORCED	Re It's as a C = t -1
the funeral death.	10.0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (# NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	120 USUAL OCCUPATION (179F OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
- 40 - P	6	altimore	BON Secours Hospital	BURLINGTON Disabled
D 21	13a.	STATE 136 COU		13e STREET ADDRESS / ZIP CODE 2123
YLAN	14. F	MARY IAWO 1	N/H BALT; MORE YES NO 115. MOTHER'S MAIDEN NA	
WAR STATE		GLAYSTON	STATEN SADIE	MAE PURYEAR
BALTIMORE, MARYLAND 2120  The be executed within 24 hours  Thickning on Contact should be for		WAS DECEASED EVER IN U.S. A. (YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT NEWAR OR DATES) 228-22-6014 DOROTH W	ATSON 1033 Boyd St. Chase Cit
SALT THE SALT		18 CAUSE OF DEATH (Enter of	only one cause per line for (a), (b), and (c).) ED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
SIS		PART I. DEATH WAS CAUS	TE CAUSE (a) CAMPIO PULDONTY	Annist
TON ortho confin			DUE TO, OR AS A CONSEQUENCE OF	David Sales
W. PRESTON ST., If the death certific re remove carbo controls, or se ther traumatic over		Conditions, if any, which gove rise to immediate couse (a), stating the	(0)	note.
		underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF	
DS, 201 quires the signed to her plen no bursol	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
W 0 CF	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED
TYSICIAN: The law refing physician. Is certificate has been been build-transit permit. Buriol-transit permit.	TIFIC			YES NO YES NO NO
A OF VITAL SICIAN: The age of physicia certificate to rinol-transit entral Hygie ltem 18 sha		210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING ] CAUSE OF DE		RED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
ON OF HYSICIA HYSICIA Hysicia Buriol-tr Mental Dr Hem I	MEDICAL	LIF EITHER NOTIFY MEDICAL EXAMINE	21e PLACE OF INJURY 21f LOCATION	
DIVISION or attendia After this e as the bu	ME	WHILE NOT WHILE AT WORK	(AT MOME, STREET, FACTORY, OFFICE, FARM, ETC.)  STREET	CITY OR TOWN COUNTY SPATE
O Q Q Q F	10	220.1 certify that (1) (th	and attended the deceased from 1985	, to 19 that (l) Pellast
OR ATTENION PROPRIED DIRECTOR: Coched for us		obdie // Idiel n	port view hybord after death.  DEGREE	death occurred an the date and haur and fram the causes stated
TAL OR AT y the hosp tal DIRECT detoched f ote Dept. or		226. SIGNA ORE	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN 417
SPITA J by NERA be de e Stot	1	22d. PHYSIC TAN'S NAME (THE		DIRECTOR PHISICIAN DE SC
TO HOSPITAL OF TO FUNKRAL DISHOULD be detained by the Mould be detained with the Storle DIMPORTANT; If		MHOST	SHAVERS 518 CAME	MADIR ROLINITHICUM
₽P	230	BURIAL, CREMATION, REMOVA (SPECIFY)  BURIAL, CREMATION, REMOVA	1 236 DATE 236 NAME OF CEMETERY OR CREMATORY 4-26-86 ROCKY BRANCH BATTS	236 LOCATION 21090 ST Charlotte County VA.
DHMH - 16 50M 4/83	24	UNERAL DIRECTOR Mich	AEL D. Wilkins ADDRESS Cline lity v9 250 BA	TE REC'D BY REGISTRAR 25 PREGISTRAR'S SIGNATURE
(VRA 15, 4)		Ameltism Be	os mortues Box 416	PR 29 1986 Julia Davidson-Rande

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DIVISION OF VITAL RECORDS, 2D1 W. PRESTON S  O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death se	DIVISION OF VITAL RECORDS, 2D1 W. PRESTON ST., BALTIMORE, MARYLAND 21201  O HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate De executed within 24 hours offer death. Page 4 may be	, oc
erained by the haspital or attending physician.  TO FUNERAL DIRECTOR, After this certificate has been signed by the attending should be detached for use as the build-transit permit. Then please remove carb	erained by the haspital or attending physician.  TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbanaparis. Pages Iyand 2 should be filed within 72 hours after death	page 3

0-03426

1 - STATE REGISTI	RAR		DEPAR	CERTIFIC	ATE OF D		80	1	do	0,
1 DECEASED N		7	WIDDLE	LAS	i		20. DATE OF DEAT	H MONTH	DAY YEAR	2b. HOUR
PTYPE OR PRINTS	Coth	omine III		04-6	•				14 06	
3. SEX	Cattr	erine Vir	cginia	Stef.			6. AGE (IN YEARS LAS		1-86	7:50p
Female		T NACE	White		MONTH DAY YEAR				MONTHS DAYS	
				2	13	19	67	YRS.		
7a. BIRTHPLAC	E (STATE ON FOREIGH	76. CITIZEN OF	F WHAT COUNTR	MARRIED	NEVER M	ARRIED -	9 BALTIMORE CIT	Y OR COUNT	TY OF DEATH	
	aryland	USA	A	WIDOWED	X DIV	ORCED [	Baltim	ore Cit	l.v	M
10. CITY OR TO	WN OF DEATH		HOSPITAL, NUR		OTHER INST	TUTION	120. USUAL OCCUI			OF BUSINESS OF
Baltin	ore		(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  ST. AGNES HOSPITAL				Laborer Manufactu			
USUAL RESIDE		ME OR OTHER INSTITUTION	N GIVE RESIDENCE BEF	ORE ADMISSION)	0.1 IN 10 10 5 GU					
Mary		OUNTY	Balti		3d INSIDE CI YES 😿	NO [	13e.STREET ADDRE			21222
14 FATHER'S N			Darti			MAIDEN NAM		rkstey	Avenue	21223
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	illiam	B. S. ARMED FORCES?	Wilson		7. INFORMAN	herine	E.	DRESS	DeLuc	ıa
(YES, NO OR I		ES GIVE WAR OR DATES)								
No			212-07-	-1808	Gary S	teffe,	3816 Ban	k Stre		24 XIMATE INTERVAL NONSET AND DEATH
couse underly PART 2	rise to immediate (a), stating the course lose OTHER SIGNIFICA	DUE TO.	OR AS A CONSEC		OT RELATED	TO THE TERM	INAL DISEASE OR C	ONDITION G	IVEN IN PART 1	l to
CERTIFICATION 190. DATI	190. DATE OF OPERATION 19b		9b CONDITION FOR WHICH OPERATION			RMED	20a AUTOPSY?	IN CERT	ES, WERE FIND FIFYING CAUSE YES	
	210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER) P.M.			21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)						
WHILE AT WORK	d. INJURY OCCURRED  21e. PLACE OF INJURY (AT MOME STREET, FACTORY, OFFICE FARM, I WORK				211 LOCATION STREET CITY OR TOWN COUNTY STATE					
sow	the deceased of	hospital) attended to	19	7/	that in (my) (	, 19 X O our) opinion o	, to	e dote and he	our and from the	that (N (We) la e couses stated
	NATURE A	man			DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN F					
	ARILL	P. IMF	AN			S. Cato	on Avenue	Balto	. Md. 2	21229
23e. BURIAL, C (SPECIFY)	REMATION, REMO	577.56		RAME OF CEA			23d. LOCATION		COUNTY	STATE
Buri	a1	4/1	5/86	Loudon H	ark Ce	emetery	Baltin	ore		Maryl

STATE OF MARYLAND

DHMH - 16 60M 7/84 (VRA 15, 4)

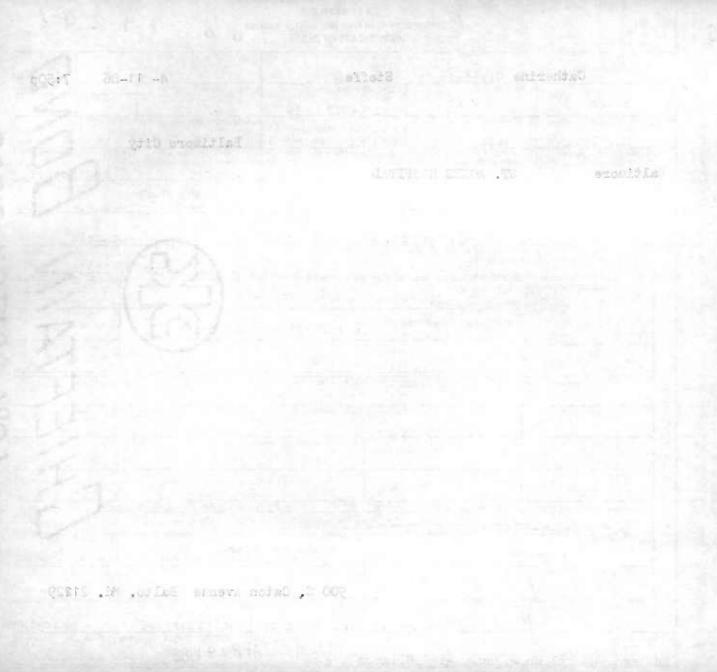
should be detached for use as the burial-transit permit. Then please remove carban papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

Burial
24 FUNERAL DIRECTOR 4107 Wilkens Ave. Hubbard Funeral Home, Inc.,

4/15/86

Loudon Park Cemetery Baltimore

250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
APR 1 4 1986



	١.	FOR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY	GIENE O S	1208	
0-05639		STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.		
ed be		OR PRINT) LOUI.	S MIDDLE	STEIN BACH	20. DATE OF DEATH MONTH	30-86 3:15 A	
do. po	1 SE	MALE	1 RACE White	5. DATE OF BIRTH  MONTH DAY YEAR  11 2-0 0 4	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.	
0 4 24		RTHPLACE (STATE OF FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COU		
		TY OR TOWN OF DEATH		IG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION 174PE OF WORK FOR MOST OF WORKIN Saw Operator	12b. KND OF BUSINESS OR INDUSTRY Aircraft	
ND 2120	ซรบ		OTHER INSTITUTION, GIVE RESIDENCE BEFORE ITY 136. CITY OR TOW Balto.	ADMISSION   13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CO 1807 Spence St		
d without desired	14. F/	THER'S NAME Christian	MIDDLE Steinbach	15 MOTHER'S MAIDEN N		Miller	
MORE, A		VAS DECEASED EVER IN U.S. ARI (ES. NO OR UNKNOWN) (IF YES. GIV	MED FORCES? 166 SOCIAL SECU E WAR OR DATES) 212077 7	RITY NO. 17 INFORMANT	ADDRESS einbach 1807 Spr	ruce St. 21230	
fucate by physician spaperi- moval.		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE)	ly ane cause per line far (a), (b), and DBY: E CAUSE (a). SHOC	dic:		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
and the certification of the c		3.6217	DUE TO, OR AS A CONSEQUE		A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7-3-6-	
by the of by the of cose remove i, cremate other from		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF INFECTION					
RDS, 20 equires t repured Themple reported	NO			DEATH BUT NOT RELATED TO THE TER		GIVEN IN PART 1/a	
N RECO	AL CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO	
OF VITE		210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	YEAR 19	RRED (ENTER NATURE OF INJURY IN ITEM	T8 PART ( OR PART 2)	
VISION OF PHENSING	MEDICAL	21d INJURY OCCURRED  ILE   NOT WHILE   ORK   AT WORK	21e. PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE, F	211 LOCATION	CITY OR TOWN	COUNTY STATE	
TENDEN TON: Att		220.1 certify that (I) (this hospit	tal) attended the deceosed from	4-28 , 1986 36 , and that in (my) (aur) apinion	2 , to 4-30 n death occurred an the date and	haur and Iram the causes stated	
At OR At the host of Digital Collection of the Digital Collection of t		obove, (I) (we) (did) (did na 22b. SIGNATURE MULL T M	Why	DEGREE  MID ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	220 DATE SIGNED 4-30-86	
TO HOSPITAL official by the TO FUNERAL thould be des with the Stote with the Stote		BICH T I	RPRINT)  WONG	22e ADDRESS LUTHERA			
₽₹ ₽413— BP——		URIAL, CREMATION, REMOVAL SPECIFY)		NAME OF CEMETERY OR CREMATORY  Crematory  Stylew	23d. LOCATION CITY OR TOWN	Balto. Md.	
DHMH - 16 60M 7/B4 (VRA 15, 4)	24 F	UNERAL DIRECTOR	4001 Ritchie I	21225 250. DA	AY 5 . 1986 Gun	GISTRAR'S SIGNATURE	
	-			J 110.8			

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IVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201		4G PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death Page 4 may be	otherding physician.	the this sertificate has been lighted by the attending physician and conductor tills in the first light of the page 2.	hand Martial Hygers prior to buriol, cremonal.	sked or from 18 shows any mury, or other trainmatic event, the medically case, for admits and
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6		1	- 6
REG. NO.			

1	1-	FOR STATE REGISTRAR			HEALTH AND MENTAL HYG IFICATE OF DEATH	BIENE 8 6 REG. NO.	1 1 2	0 9
I		CEASED NAME FIRST OR PRINTS	MIDE		tast EDHENC	2a DATE OF DEATH M	ONTH DAY YEAR	2b. HOUR
	1. 741		ELIA ]		EPHENS OF BIRTH	6. AGE (IN YEARS LAST BIRTH	DAY) IF UNDER 1 YEAR	IF UNDER 24 HRS
-	1 SE	male	White	MOM	NTH DAY YEAR		MONTHS DAYS	HOURS MIN.
	1	RTHPFACE (STATE OR FOREIGN	76 CITIZEN OF WH		. 10, 1904	9. BALTIMORE CITY OR	COUNTY OF DEATH	
5	(	COUNTRY)	U.S.A.	MARR	IED NEVER MARRIED NEDWORKED NO	BALTIMORE	CITY	MD.
7	-	TY OR TOWN OF DEATH	NAME OF HO	SPITAL, NURSING HOME	OR OTHER INSTITUTION	12a USUAL OCCUPATIO		OF BUSINESS OR
7	10	LTIMORE CITY		MEMORIAL H	the state of the s	Homemaker	Own H	
K	13a S	AL RESIDENCE (IF NURSING HOLE OR STATE  TYPIAND  Balti	ITY 13	E RESIDENCE BEFORE ADMISSION E. CITY OR TOWN	134 INSIDE CITY LIMITS?	13e.STREET ADDRESS / . 9533 Power	ZIP CODE derhorn Lan	e 21234
4	LA FA	THER'S NAME	A (DD) E	LAST	15 MOTHER'S MAIDEN NA		LA	
20	Au	igust	WIDDLE	Dietrich	Elizabe		Sei	
6		VAS DECEASED EVER IN U.S. AR	MED FORCES? 16	SOCIAL SECURITY NO		ADDRES		
1	No			12-50-2601	Arthur P. W	illiams - Saı		
i		18 CAUSE OF DEATH Enter on PART I. DEATH WAS CAUSE	ly one cause per lin	e for to , (b), and ic	10000		BETWEEN	NIMATE INTERVAL
7	4		E CAUSE (o)	CAROLAC	ARRECT		27	2)9
y		10 V	DUE TO, OR A	S A CONSEQUENCE OF				
		Canditions, if ony, which gave rise to immediate couse (0), stoting the underlying couse lost.	DUE TO, OR A	s a Consequence of				
	NO	PART 2. OTHER SIGNIFICANT O	ONDITIONS CON	TRIBUTING TO DEATH BI	JT NOT RELATED TO THE TERM	MINAL DISEASE OR COND	ITION GIVEN IN PART ?	10
1	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITIO	ON FOR WHICH OPERAT	ION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES [7]	NGS USED S OF DEATH?
1	0.00007	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M.	NJURY MONTH DAY YEA				
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF	FACTORY OFFICE, FARM, ETC )	211 LOCATION STREET	CITY OR TOW		STATE
		220.1 certify that (1) this haspi sow the cosed alive an above 11 (e) (aid) (did no	tol) attended the c	deceosed from 31	ond that in (my (our) opinion	, ta	e ond hour ond from the	that (I) (we) ast
		reguy	Banon	ns	ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIA	IR. DAI	1/21/86
		GREGORY	/3 4 -	now	22e ADDRESS	~ menor	rinĉ	
	23a B	BURIAL, CREMATION, REMOVAL	23b. DATE	231 NAME OF	CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
	Bu	rial	4-25-86		on Park Cemeter			Md.
		UNERAL DIRECTOR		ADDRESS 1050		REC'D. BY REGISTRAR 2	SE REGISTRAR'S SIGNA	TURE
	Ru	ck Towson Funer	ral Home,	Inc. Towson	n,Md.21204 AF	US 8 1960	fullin Davidson—	Markons

DHMH - 16 60M 7/B4 (VRA 15, 4)

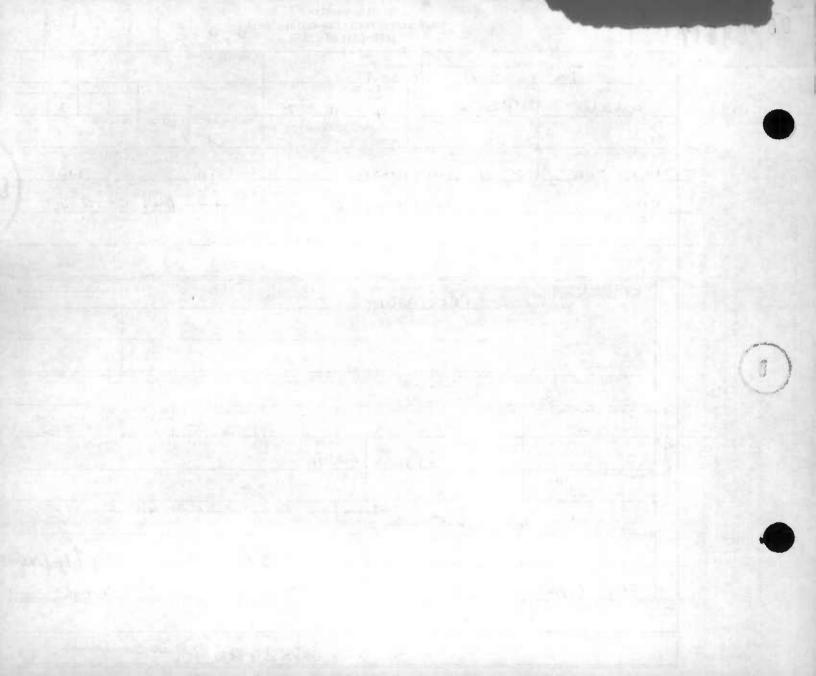
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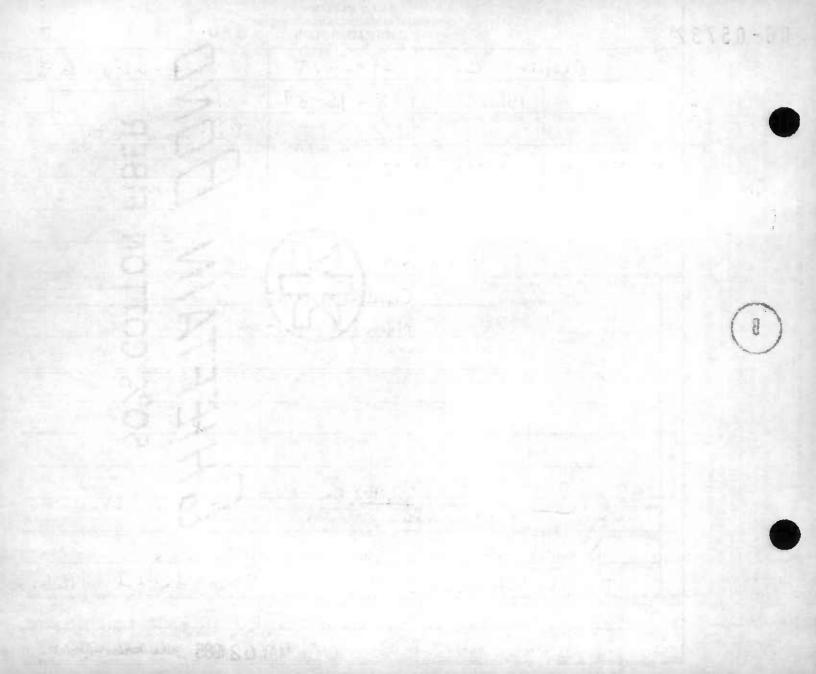
## STATE OF MARY DEPARTMENT OF HEALTH AN

LAND							. 17.
D MENTAL HYGIENE F DEATH	3	6 REG. NO.	1	1	2	1	U

00-05048	1.	STATE REGISTRAR			CERTIF	ICATE OF DEATH	S O REG. N	0.	li-a	
	I. DE	CEASED NAME FIRST		MIDDLE		AS1	20 DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
noy be poge 3 er deoth		MARIA	N		STER	V.	APRTT. 21	1986		3:00 am
Ctor, po	3. SE		4. RACE	Black	S DATE O		6. AGE (IN YEARS LAST BIR	MON	THS DAYS	IF UNDER 24 HRS. HOURS MIN.
Pog dire		IRTHPLACE (STATE OF FOREIGN	7b. CITIZEN OF	WHAT COUNTR	Y? 8		9. BALTIMORE CITY C	7.7.0	DEATH	
Con Zes et		Maryland	17	S.A.	MARRIE	D NEVER MARRIED DIVORCED	Baltimo	ore City	1	AAD
fun thun	10 C	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NUR	SING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATI	ION		OF BUSINESS OR
201	100	Baltimore City		ich facility, Give str gland Ge		Hospital	Domestic	)F WORKING LIFE)	INDUSTRY	
24 hoers 24 hoers 20 hoers 20 hoers 20 hoers 20 hoers	130	AL RESIDENCE (IF NURSING HOME O STATE 136 COU ryland	R OTHER INSTITUTION	13c CITY OR TO	NWC	13d INSIDE CITY LIMITS?	13e STREET ADDRESS . 800 Reser	/ ZIP CODE voir St	. 212.	17
YLA ithin ithin 2 sh		ATHER'S NAME				15. MOTHER'S MAIDEN NA		100		72 115
MAR v and v	-	known	MIDDLE	LAST		Grace	Marian		Robi	nson
BALTIMORE, cote be execu ysicion ond co opers. Poges wol. 11, the medicol		WAS DECEASED EVER IN U.S. AF	RMED FORCES? VE WAR OR DATES)	166 SOCIAL SE		17. INFORMANT	ADDRI			
be ex	No			218-46	-2183	Rhonda Stern	800 Reserv	oir St.	2121	7
hysicio		18 CAUSE OF DEATH (Enter o	nly one couse pe	er line for (o), (b),	ond ici.				APPROX BETWEEN	ONSET AND DEATH
: 4000	44	PART I. DEATH WAS CAUSI	ED BY: TE CAUSE (0)	Overwhe.	lming S	Sepsis with De	essiminated			
0)		THE DITE		OR AS A CONSEC	Inti	cavascular Coa	qulation			
STON contraction c	10	Conditions, if ony, which	00000	DR AS A CONSEC	JUENCE OF			7		
RE of de		gove rise to immediate	(6)_	-				Fil		
A. P		couse (o), stoting the underlying couse lost.	DUE TO, C	OR AS A CONSEC	QUENCE OF			SI Tale		
the the			(c)_							
	7	PART 2 OTHER SIGNIFICANT	CONDITIONS	CONTRIBUTING T	O DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 10	0
NG PHYSICIAN: The low requir ottending physicion.  After this certificate hosen signs the buriol-tronsit permit. Then the ond Mental Hygiene prior to borked or tem 18 shows any injury	CERTIFICATION	Liver Failure	Severe	Electro	olute A	bnormalities	Diabetes A	10771+116		
ECC De price de la company de	18	190 DATE OF OPERATION	196 CONE	DITION FOR WHI	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIFYIN		
he lo on. hos hos on.	三	P. DANSETT STATE	0.0				YES NO	YES [	7	NO []
VITAI N: Th hysicio icote h ronsit Hygie Hygie	H	210. ACCIDENT WAS UNDERLYING		OF INJURY		21c. HOW INJURY OCCUR		RY IN ITEM 18 PART	OR PART 2)	
DEVITAN: Dlan: physic p		OR CONTRIBUTING CAUSE OF DE	AIR .	M.M. MONTH						
ON OF IYSICIA ding ph ding ph is certif buriol-r Mentol	Š	(IF EITHER NOTIFY MEDICAL EXAMINE		P.M.	19	21f. LOCATION				
PHY pendi this the bund was a dor	MEDICAL	21d INJURY OCCURRED	(AT HOME S	TREET, FACTORY, OFFIC	CE, FARM ETC )	STREET STREET	CITY OR TO	NW(	COUNTY	STATE
Fifer of the orker		AT WORK AT WORK								
A A A A A A A A A A A A A A A A A A A		220.1 certify that ( this hosp	ital) attended t	he deceosed from	n_Apri	1 20, 19 8	6 to April	21, 19	86	that X (we) lost
TEN TOR TOR SP H 35		sow the deceosed olive or	April	27 19	_860	nd that in xnxt (our) opinion	death occurred on the d	ote and hour or	d from the	couses stoted
REC REC Post		above, (tr (we) (did) (did); 22b SJGNATURE	privilew the bod	y after death		DEGREE			22¢ DATE	SIGNED
AL OR AL DIR HE LA LOR AL DIR DE		Katherine	angery	ulder	- 1	ND ATTENDING PHYSICIAN	MEDICAL STA		4/2	1/86
HOSPITAL ned by the FUNERAL old be detailed to the State		22d. PHYSICIAN'S NAME (TYPE	OR F			22e ADDRESS				-
		Katherine Tar	sconfold	Jan MD		/- 1/- 7	7.0			
5 5 5 4 X	23a	BURIAL CREMATION, REMOVAL			RENAME OF C	C/O Marylan	d General 1	ospital		
BP 7		(SPECIFY)					CITY OR TOWN		YTHUC	STATE
DP	24 5	Burial UNERAL DIRECTOR	4-25	-86 N	iount Z	ion Cemetery	Baltimor			ryland
DHMH - 16 60M 7/84	24 1	NAME		ADDRES	S	ZSG DAT	E REC'D. BY REGISTRAR	ZJE KEGISTRAN	SSIGNA	in the state
(VRA 15, 4)	Ba	ileu-Douglass B	Tuneral	Home 134	18 N. C	alhoun St.	W 5 A 1200	1 Waste	A COURSE OF THE	

Bailey-Douglass Funeral Home 1348 N.





STINE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

20 DATE OF DEATH MONTH

6. AGE (IN YEARS LAST BIRTHDAY)

MERCHANT

2b. HOUR APRIL 19, 1986 6:30P.M

REGISTRAR ECEASED NAME	FIRST
PE OR PRINT)	EMANUEL
EX	4 RACE
MALE	CAI

5. DATE OF BIRTH CAUCASIAN

11, NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

7b. CITIZEN OF WHAT COUNTRY?

U.S.A.

1911 MARRIED XX NEVER MARRIED

DIVORCED

CELIA

BALTIMORE CITY OR COUNTY OF DEATH

BALTIMORE CITY

12b KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY RETAIL

BALTIMORE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, 130, STATE 13h, COLINTY MARYLAND

14. FATHER'S NAME

CERTIFICATION

00

70. BIRTHPLACE (STATE OF FOREIGN

10. CITY OR TOWN OF DEATH

PENNSYLVANIA

FOR

- STATE

2909 FALLSTAFF RD., APT. BALTIMORE

(IE NOT IN SUCH EACILITY, GIVE STREET ADDRESS)

STINE

15 MOTHER'S MAIDEN NAME

13e.STREET ADDRESS / ZIP CODE 2909 FALLSTAFF RD., APT. 31(21209) MONDRESS

**JACOB** 160 WAS DECEASED EVER IN U.S. ARMED FORCES? NO OR UNKNOWN)

PART I. DEATH WAS CAUSED BY

190 DATE OF OPERATION

21d INJURY OCCURRED

21a. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIEY MEDICAL EXAMINER)

216-07-1963 18 CAUSE OF DEATH Enter only one couse per line for (o), (b), and ic

16b SOCIAL SECURITY NO

17. INFORMANT MRS. DOROTHY STINE 2909 FALLSTAFF RD. (21209)

DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o), stoting the underlying couse

IMMEDIATE CAUSE (0

22a. I certify that (1) (this hospital) attended the deceased from

above. (1) (we) (did) (did nat) view the body after death

DUE TO, OR AS A CONSEQUENCE OF

HOUR A.M. MONTH DAY YEAR

AT HOME STREET, FACTORY, OFFICE FARM, ETC.)

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART HIS 20a AUTOPSY?

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

211 LOCATION

 $86^\circ$  and that in (my) (our) opinion death accurred on the date and hour and from the couses stated

DIRECTOR PHYSICIAN

22b. SIGNATURE

saw the deceased alive an

NOT WHILE

4/21/86

21b. TIME OF INJURY

21e PLACE OF INJURY

22e ADDRESS 231 NAME OF CEMETERY OR CREMATOR

DEGREE

COUNTY

22c DATE SIGNED

DHMH - 16 60M 7/B4 (VRA 15, 4)

BURIAL 24 FUNERAL DIRECTOR

(SPECIFY)

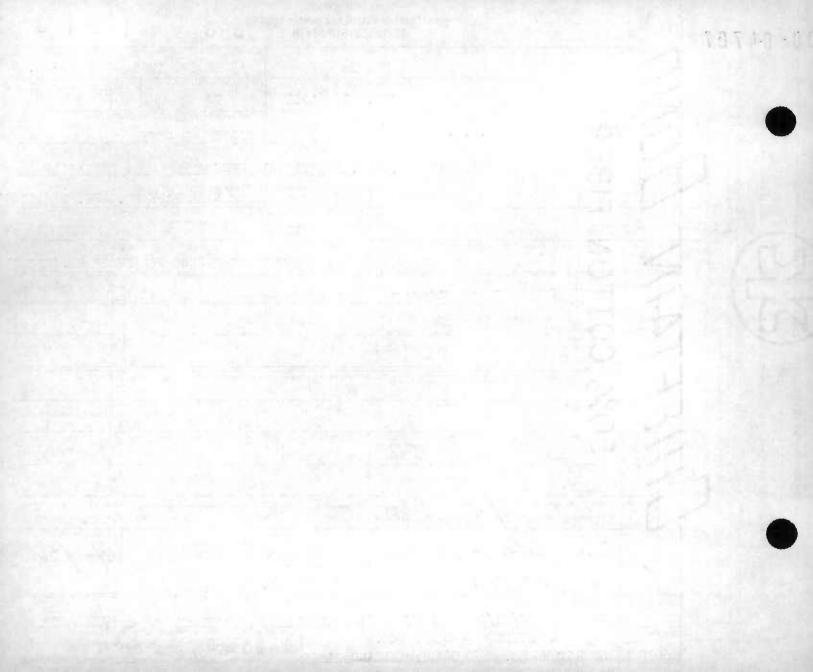
230. BURIAL, CREMATION, REMOVAL

BETH TFILOH CEMETERY SOL LEVINSON & BROS., INC.

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

6010 REISTERSTOWN RD. BALTIMORE MARYLAND

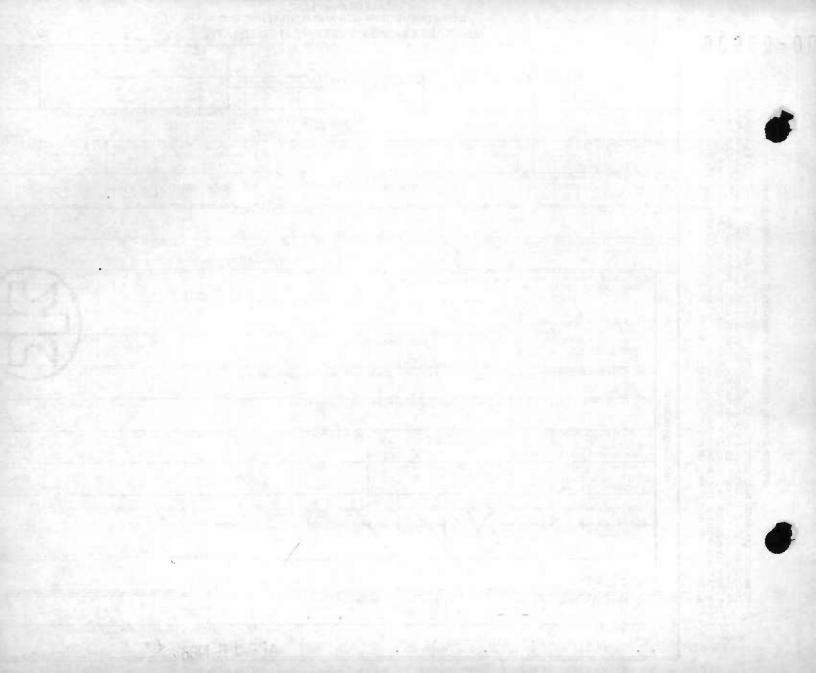
ATTENDING



DHMH - 16 50M 1/81 (VRA 15, 4) James a beneins - Rock Hall Md.

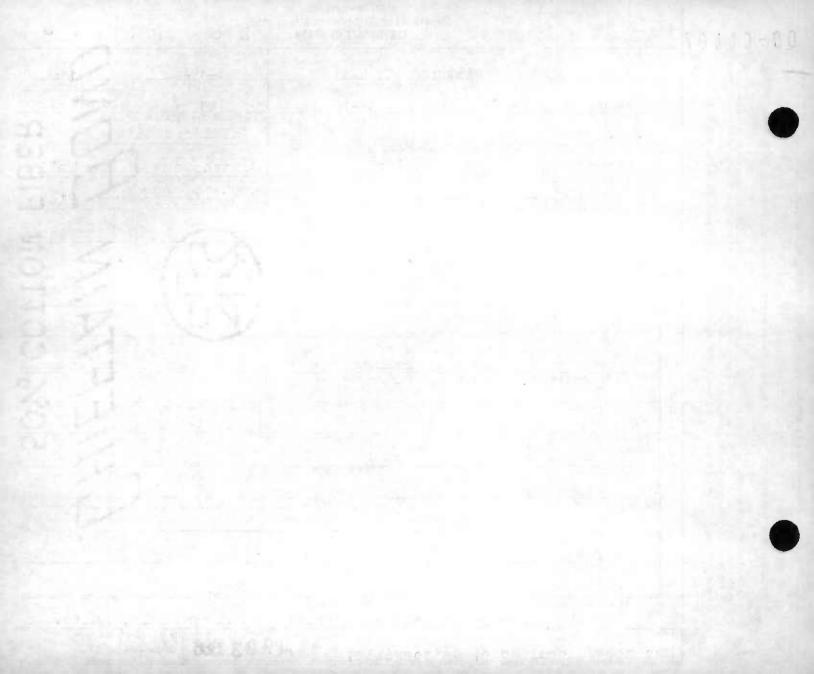
APR 24 1986 guarantee

		V	FOR			EPARTA	STAT MENT OF H		AND ME		GIENE						
0 0	2220/		STATE REGISTRAR				XAMIN						REG	NO	2		5
0 - 0	3636		CEASED NAME	FIRST		WIDDLE	7	1	AST			DATE	KNOWN		ITH DAY	YEAR	26 HOUR
	対象は発圧	1		Jama	1			Sto	kes			OF DEATH	ESTI- MATED	□ 4	171	19 86	M
	50 m 50 m	1.58		4. RACE	5. DATE OF BIRTH		6 AGE (IN YEA	RS IF UNI		F UNDER 2		c. DATE		MON	TH DAY	YEAR	24 HOUR 2:40
1000	PAZOUR PAZOUR	ma		BLACK		83 <sup>R</sup>	2 YR		JANS	1100113		DEAD	)	4	171	1986	PM
-	MAN TO		RTHPLACE IN	TATE OF	76. CITIZEN OF WE	IAT COUNT	TRY?		D NEVI		DXX	BALTIN	ORE CIT	Y OR COL	JNTY OF	DEATH	
_	22n × -	MA	RYLAND	DE DEATH	II. NAME OF HOS	DITAL NIND	SINIC HOME	WIDOWE		DIVORCE		Bal	timor	re Ci	ty,	IND OF BU	MD.
	を	14.0			(IF NOT IN SUCH FA	CILITY, GIVE STE	REET ADDRESS)			UN	PHY	LDwo	RKING LIFE	TYPE OF WO		OR INDUST	
	1900	USU/	Baltin	(IF IN NURSING HOME	Martin OR OTHER INSTITUTION, GR	E RESIDENCE 8	EFORE ADMISSIO	Blvc			CIT	LLU					
21201	\$\$\$\$\$\$5	MA.S	RYLAND	13b. COU		BALT	PMORE		YESXX	NO 🗆	13e STRE	58 P	RYGL	E AV	E.	21217	
MD	H-SSH	14. F.	THER'S NAME		MIDDLE	L	AST		15. MOTHER		NAME	٨	MDDLE			LAST	
ORE.	ASS SE		LEROY			MAC			•	TRACY					STOK	ES	
TIM	SE PA		VAS DECEASEI ES, NO, OR UNKNO	DEVER IN U.S. AI	RMED FORCES? E WAR OR DATES)	16b SOCI	IAL SECURITY		17 INFORM.				ADDŖ				
NA NA	PAG PAG		NO.	- De Avillad		1			TRACY	STOK	ES_	1058	ARYC	LE A			
17.	A TR.		PART I DE	ATH WAS CAUSI	inly ane cause per line ED BY:	far (a), (b),				1 T					BE	APPROXIMATI	T AND DEATH
D N	SEE SEE	7	810	MMEDIA	ATE CAUSE (a)	AS A CONS	SEQUENCE C		-cereb	rai I	njur	res					
28	E SE	1		is I amy, which					*						-	(E)	
. ≥	PENTEN NEW NEW NEW NEW NEW NEW NEW NEW NEW N		cause (a)	se to immediat stating the <u>under</u>		AS A CONS	SEQUENCE O	F								1 : 17	
20	KECUTED WITHIN 24 P. KG- IN PENCIL IN ITEM AL EXAMINER ALON BULINAL : RANGIT PER AND MENTAL HYGEE ATION; OR REMOVAL		lying cau	ise last.	(c)								3 11			3.4	
SONO	BE EXECUTE ADING: IN EDICAL EXA S.A. BURIAL ITH AND M REMATION.	2	PART 2 OTHER SI	GNIFICANT CONDITION	S CONTRIBUTING TO DEATH	UT NOT RELAT	EO TO THE TERMI	IAL DISEASE	OR CONDITION	GIVEN IN PART	1 (a).						4215
RECO	Z55440 -	CERTIFICATION	19s DATE OF	OPERATION	I 19h CONDIT	ION FOR W	VHICH OPERA	TION WA	S DEDECIDA	ED2		5 - 15 -			120	AUTOPSY	
TA.	HEE LOUID	15	100000000000000000000000000000000000000	3-1/20/20/20/20	170. CONON	IOITT OK V	VIIICII OI EKA	111011 117	AS FERI ORIV	LU:					20		
5	ATE SHE CHE CHE CHE CHE CHE CHE CHE CHE CHE C	ERT		L CAUSE WAS	21b. TIME OF			21¢ HO	W INJURY C	OCCURRED	(ENTER NA	TURE OF IN	JURY IN ITEM	18 PART 1 O	R PART 2}	YES .	NO [X]
NO.	RTFICATI VG THE V SHOULD PARTME RICK TO		UNDERLYING	OR NG CAUSE OF	HOUR XX	MONTH 4/	7/ 1086	sub	ject	nedes	tria	n st	ruck	by t	ract	or tr	ai ler
DIVISION OF	CERT DED 1 DEPA	MEDICAL	THE INJURY C	CCURRED	21e. PLACE C	OF INJURY	(AT HOME,	21f. LOC		peaco	CAL 2504	CITY OR TO		Ny C		01 (4	
ō	HIS CARREL AND	2	AT WORK	NOT WHILE	str		)		Blvd.	& Pe	nna.			alto.	Cit	y, Md	STATE
	ANTE TO SENT		22a I certif	fy that I taak char	rge of the remains des	ribed abav	e, held an	Autapsy	, 🔲,	Inspection		Inquiry		and in my			
	MEN PET		death resulte	ed fram: Nati	ural causes .	Accident	Suic	ge .	Hamicia		-	mined mi		], (			
	WAN WAR		ACTUAL		A	N	/		TITLE (SPI	ECIFY)							
_	ZHAZHAZ	1	SIGNATURE_			//	1	M.I	Assi	stant	MEDIC	AL EXAM	AINER	SIG	NED 4	/8/86	
						***											
	NO SECOND	L	EXAMINER'S	NAME Cro	cory P Ka	uffma	n M D		DDDEEC	11	1 00	nn C	-				
	TO MEDICAL EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFFER DEATH BALTIMORE, M	73a.B	(TYPE OR PRIN	NAME Gree	gory R. Ka		n, M.D		DDRESS		23d. LOC						-
07/84	TO MEDI EXECUTE PAGE 4 TO FUN AFTER DI BALTIMO	23a.B	(TYPE OR PRIN	VI)Gre		23c N		ETERY OR	CREMATOR		23d. LOC					LAND <sup>S1</sup>	ATE
07/84 25M		B	TYPE OR PRIN URIAL, CREMAT PECEY AL UNERAL DIREC	nt) <u>Gre</u> tion,removal	23b. DATE	23c NA	AME OF CEM RBUTUS	ETERY OR	PK.		23d. LOC BA	ATION LTTM	ORE AR 256 RE	GISTRAR	MARY S SIGNA		1



MacNabb Funeral Home, Catonsville, MD

(VRA 15, 4)



		FOR	200	STATE OF MARYLAND		
10000	1-	STATE REGISTRAR	DEPA	CERTIFICATE OF DEATH	B 6 REG. NO.	11217
4200b	1. DEG	CEASED NAME FIRST	WIDDIE	LAST	20. DATE OF DEATH MON	TH DAY YEAR 26 HOUR
1 52 4	,,,,,,	ORPRINT) Willia	IM C.	Strange, UR	4	- 3-86 1:47 9 M
ge 4 mo	3. SE	male	4 RACE White	5. DATE OF BIRTH MONTH DAY YEAR 12 - 23 - 21	6 AGE (IN YEARS LAST BIRTHDA	YRS.
meral dis	0	RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNT	TRY? 8 MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTO. CI	
1		3 altimore	(IF NOT IN SUCH FACILITY, GIVES	IRSING HOME OR OTHER INSTITUTION ITREET ADDRESS)  A edical Center	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	
74 hour	13a. S	TATE AL RESIDENCE (IF NURSUNG HOME OF TATE AS LOUIS BOTTOM TO THE PROPERTY OF	NTY 13c CITY OR	TOWN 136. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZII	21222
1 11/130	7	WILLIAM (	C. STRANGE	SR. FIRST PE	ARL BROW	VDER LAST
Pages Condition		VAS DECEASED EVER IN U.S. AR	VE WAR OR DATES)	10-2672 Mas Doutly	M. Strange -	7921 Charlesmont &
s that the death certifical do by the attending physical core certain passion of certain passion or other traumants events.		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONS	EQUENCE OF LANG C	ac arrest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
on hos requires the best been agne permit Then prine to for the best only mark, it is not the best only mark.	CERTIFICATION	PART 2 OTHER SIGNIFICANT (		TO DEATH BUT NOT RELATED TO THE TER.	20a AUTOPSY? 20	DN GIVEN IN PART 11a  b. IF YES, WERE FINDINGS USED I CERTIFYING CAUSES OF DEATH? YES TO NO TO
activity the section of the section		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEPLYING CAUSE OF DEPLYING CAUSE OF DEPLYING CALEXAMINE	HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJURY IN	
afferdir affer ths os the bu	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OF		CITY OR TOWN	COUNTY STATE
As OR ATTENDO The hospital or ALD RECTOR A Settle for use the Dept. of Heal TI If here 21 is mi		220.1 certify that (I) (this hasp saw the deceased alive an above (I) (we) (did) (did no	1 1	om 3 - 19 8 19 86, and that if (m) (aur) opinion  DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	27c. DATE SIGNED
O HOSPITA etulined by TO Fully By should be d		Howard	S. Tuch	MD. FSK M	ed Cutr	
61 -11		URIAL, CREMATION, REMOVAL		23c NAME OF CENTER OF CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
BP		CREMATION	4-5-86	GREENMOUNT	BALTO.	, Mp
DHMH - 16 60M 7/B4 (VRA 15, 4)	24 F3	NERAL DIRECTOR	- 7527	ESS A . O I	TE REC'D. BY REGISTRAR 256.	RÉGISTRAR'S SIGNATURE

	, 112 a 26 5 1 2 2 7		
	92 3444 10102-1		
19-34		1	
	PLACE BUNGER		
	REPORT HARRIEN.		No.

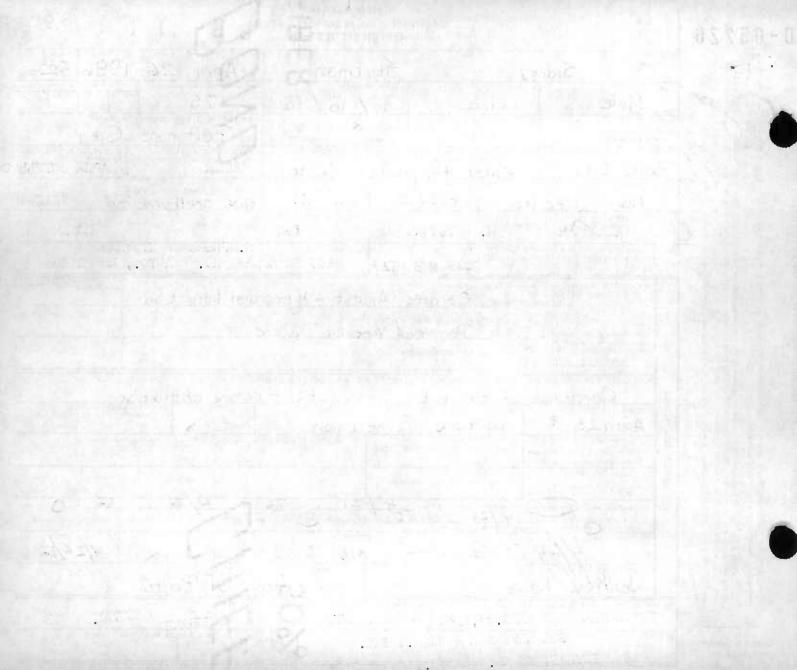
00-02769	4.	FOR STATE		AAF	SI DEPARTMENT O DICAL EXAMI	FHEALTH		NTAL HYG		1 2	18	
4		REGISTRAR CEASED NAM PE OR PRINT)		Virgin	MIDDLE		LAST	ATE OF B	20 DATE KNOWN OF ESTI-	MONTH		HOUR
NECESSARY, PLEASE E FUNERAL DIRECTOR. E 5 FOR YOUR FILES. D. WITHIN 72 HOURS I W. PRESTON STREET,	3. SE	х	IONE 4 RACE	5 DATE OF BIRTH		YEARS IF UP		IF UNDER 24 H		MONTH .		HOUR
SARY, VOUI	70.8	emale		August (		11			DEAD RAITIMORE CITY	4-	5 19 86	٨
NEGES S FOR	4	Maryla	nd	USA		WIDOV	VED 🔽		Balt	imore C		ME
THE PAGE SETILED	L 10. C	Baltir		(IF NOT IN SUCH F	SPITAL, NURSING HO ACULTY, GIVE STREET ADDRES DEMORIAL HO	S)			USUAL OCCUPATION ( FOR MOST OF WORKING LIFE)  Homemaker	TYPE OF WORK 12	OR INDUSTRY	SS
FE, MD: 21201 EATH. IF ARY DELAY IS NE ES 1) 2, AND 3 TO THE FU PM 3. RETAIN PAGE 5 IND 2 SHOULD BE FILED. V EVITAL RECORDS, 201 W		AL RESIDENCE STATE Md.	(IF IN NURSING HOME		13c. CITY OR TOWN Baltime	1	13d. INSIDE CIT	TY LIMITS?   13e.	STREET ADDRESS 3009 Bever	ly Rpad	21214	
DEATH. IF GES 1 2, A NP 2 SI A NP 2 SI	14. F	ATHER'S NAM FIRST Harv		MIDDLE	Brady		FIR	R'S MAIDEN NA			tast nter	
AFTER IVE PAHES ISION	- {		D EVER IN U.S. A		166. SOCIAL SECUI		17. INFORM	ANT	ADDRE	SS		ad
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DIVIS THIS CER WRITIN VARDED 'AGE 3 S 'ATE DEF	MED	21d. INJURY	NOT WHILE		OF INJURY (AT HOME.		STREET		CITY OR TOWN	COUN	TY 5	TATE
TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE STA BALTIMORE, MARYLAND, 2		22s I cert death result	1	ge of the remains de ural causes 100	scribed abave, held ar Accident .	Autap Suic de	, Hamici	ECIFY	, Inquiry	and in my apin		
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PAGE PAGE TO	23a. E		TION, REMOVAL	23b. DATE	23c. NAME OF C				LOCATION CITY OR TOWN	COUNTY		
07/84 BP 25M DHMH - 17	24. F	Buria FUNERAL DIRECT	.1 CTOR	Apr.9,19		Park	2	50. DATE REC'D	Baltimore BY REGISTRAR 256. RE	GISTRAR'S SIG	Md	
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				STATE OF MARYLAND		
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		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
deo y	/	510	lney	Stutman	April 26,	1986 533 <sub>P</sub>
-	1. SE		4. RACE	5. DATE OF BIRTH  MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
	1	Male RTHPLACE (STATE OR FOREIGN	White	10/10/10	9 BALTIMORE CITY OR COUNT	V OF DEATH
聖假多		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore	
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Allend in Color to		AL RESIDENCE (IF NURSING HE STATE Md	E OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE TO BALTIMO	ORE YES NOTE	130 STREET ADDRESS / ZIP COE 3106 Shelburne	
	1	ATHER'S NAME ABRAH AM	M. STUTM		WIDDIE	ŔŎSEN
on ond ce Poges		VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES	ARMED FORCES? 166 SOCIAL SEC., GIVE WAR OR DATES) 218 03	7404 01111	MRS. FLORENCE ST BURNE RD. BALTO	., MD 21208
entificate g physica son paper removal.		PART I. DEATH WAS CA	r anly one cause per line for (a), (b), USED BY. DIATE CAUSE (a) Cardii		erdiel Infarction	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
s that the deatl ted by the atten alease remove control, cremation, or other froums		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEC	eval Vaxulor Disco		
w requires been signe mit. Then p prior to bui	CERTIFICATION	PART 2. OTHER SIGNIFICAL CAYCLO	ma of the colo	o death but not related to the ter on metastatic - th oferation was performed	- colonic abstruct	100 ES, WERE FINDINGS USED
he to on. hos t per	I	April 23 8	s emoninas	of the colon		YES NO
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A ATTENDIN hospital or RECTOR, Afreed for use a ppt, of Health fem 21 is mooth			aspital attended the deceased from an 19 deceased from 19	4 /2 , 19 8	n death accurred an the date and ha	ur and fram the causes stated
OR bolke		22b. SIGNATURE	y B Face	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c DATE SIGNED 4/26/86
	1	THE PHYSICIAN STANS	de Camerin	22e ADDRESS	IR.IL	
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of of wind	230. [	BURIAL, CREMATION, REMO	VAL 236. DATE 23	NAME OF CEMETERY OR CREMATORY ANSHE NEISEN	23d LOCATION	BALTO. MD
Bb—  TO HOSPIT  TO HOSPIT  With the Str with the Str ATANAMA  TATANAMA  TATA		(SPECIFY) BURIAL	VAL 236. DATE 23	NAME OF CEMETERY OR CREMATORY ANSHE NEISEN	23d LOCATION	



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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you go		E SEX		4 RACE	STUT	ATE OF BIRTH		6 AGE (IN YEARS LAST BIRT	HDAY) IF	UNDER I TEAR	IF UNDER 24 HRS		
4 9			Female	Tills i La		MONTH DAY YEAR		77	NIHS DAYS	HOURS MIN.			
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de tra	61	10 C1	nnsylvania IY OR TOWN OF DEATH	U.S.A  11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A  UNION MEMORIAL		OME OR OTHER INSTIT		120 USUAL OCCUPATIO	OF BUSINESS OR				
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 INC PHYSICIAN. The law requires that the death certificate be executed within 24 hours oftending physician.  Her this certificate has been signed by the attending physician and configurately filled in by as the buriol-transit permit. Then please remove carbon papers. Page 11 mag. 2 should be fill than defended by the modern transmoother.	26	USUA 13a S	TATE 136 COU			ssion) 113d. INSIDE CIT		13e.STREET ADDRESS /	ZIP CODE	-			
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SALT are to sicio pers oot.			18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)  8FTWEN ONSET AND DEATH										
phy phy on poor			PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a) Cardiac arrest										
on b orbo													
deatl			Conditions, if any, which	( b) re	SPIN	ratory o	arres	st					
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res tres tres tres tres tres tres tres t	001		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
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ECO ow r	CA	CAT	190 DATE OF OPERATION	196 CONDITION FOR V	VHICH OPE	RATION WAS PERFOR	MED	200 AUTOPSY?	206. IF YES, V	WERE FINDI	INGS USED S OF DEATH?		
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TTEN Porto for H		- 1	saw the decemed alive of obeys, it (west did ) did o	n de view the body ofter deoth	19_8	ond that in (my co	our) opinion de	eath occurred on the do	te and havi a				
hos hos ept ept			22b. (12)	0 0		DEGREE				22c DATE	ESIGNED		
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7 5 - 5 7 6			JEFFREY CO	OL, M.D.		UNI	ON MEM	ORIAL HOSPI	TAL				
Die Ge			URIAL, CREMATION, REMOVA	L 23b DATE	23c NAM	OF CEMETERY OR CR	REMATORY	23d LOCATION					
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DHMH - 16 60M 7/	94		NERAL DIRECTOR			21229	25a DATE	REC'D BY REGISTRAR					
(VRA 15, 4)	04	Н	ubbard Funeral	Home, Inc. 4	107 W	lkens Ave.	APR	03 1986 7			4		



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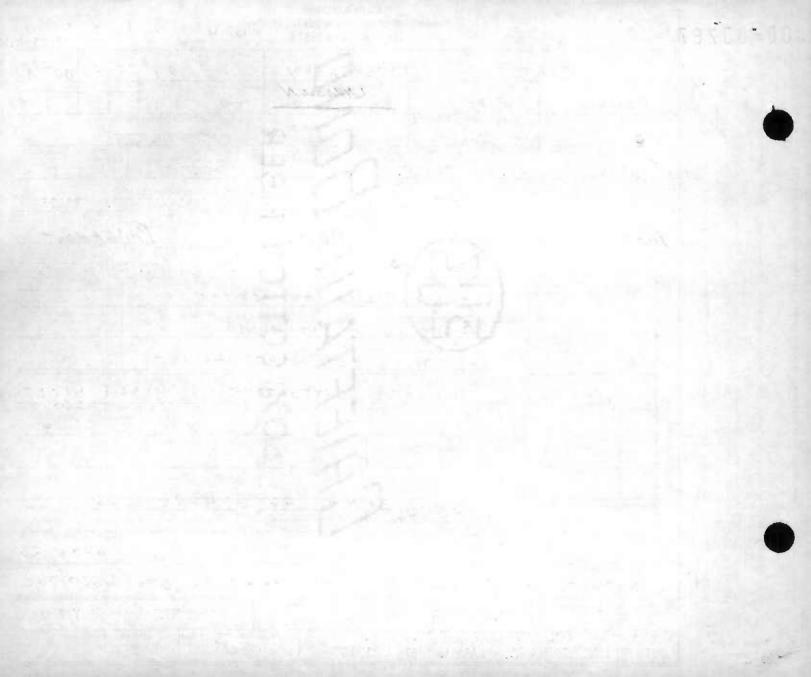
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(VRA 15, 4)

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a. DATE OF DEATH 26 HOUR (TYPE OR PRINT) EUGENESULLIUMI 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER 24 HRS 1. SEX AONTHS DAYS MONTH YEAR 34 TO. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED ANEVER MARRIED MARVLAND WIDOWED DIVORCED | 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 120 USUAL OCCUPATION HALKIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) NOUSTRY RUCK BRIVER SUAL RESIDENCE (IF HUMBER HEALTH OF THE INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) . STATES DINCOUNT 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 15. MOTHER'S MAIDEN NAME M FATHER'S NAME EAST FIRST MIDDLE SULLIVAN ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT IYES NO OR UNKNOWN! (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOV 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED TIE PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) AT WITH NOT WHILE the learning the (1) this haspital) attended the deceased fram, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated now the deceased plies on now the body after death 27h SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 27e ADDRESS EISKISR 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION SPERED HEART OF JESU BALTIMORE 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE DHMH - 16 60M 7/B4

STATE OF MARYLAND



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AN C	23			MD			Balto		YES 🔀 NO		5906 Park	Heigh	nts A	ve.	
A A	127	E	14 F	ATHER'S NAME FIRST	٨	AIDDLE	LAST		15. MOTHER'S MAII	DENNAME	WIDDLE		LAST	21215	
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Xecu	Ses .	000		WAS DECEASED EVER YES, NO OR UNKNOWN)		MED FORCES?	166 SOCIAL SECU		17 INFORMANT		ADDRE				
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DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low require offending physicion.	hos been permit. I	À	CERTIFICATION	19a DATE OF OPERAT	ION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED			ATION WAS PERFORMED				WERE FINDINGS USED		
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To Topia	D 43	<u> </u>	23a	BURIAL, CREMATION,				NAME OF C	EMETERY OR CREM		23d LOCATION				
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Hubbard Funeral Home, Inc. 4107 Wilkens Ave

FOR

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84 (VRA 15, 4)

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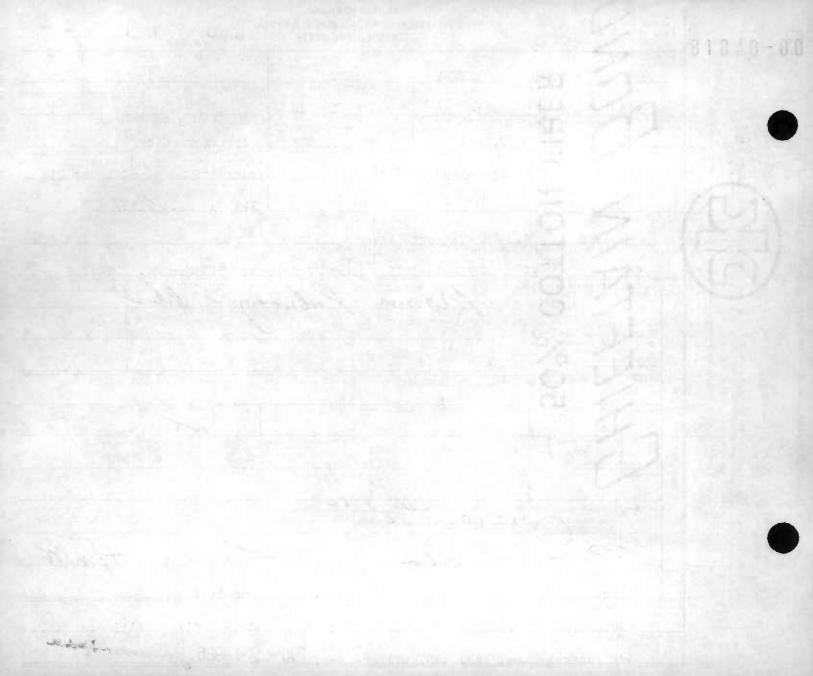
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 20 DATE OF DEATH MONTH YEAR 2b. HOUR 86 0736A IF UNDER 1 YEAR A AGE LIN YEARS LAST BIRTHDAY IF UNDER 24 HRS **BALTIMORE CITY OR COUNTY OF DEATH** Baltimore City 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Calvert Dist. Truck Drive 13e STREET ADDRESS / ZIP CODE 514 Gun Rd. MIDDLE Jamison ADDRESS 516 Gun Rd. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 28b. IF YES, WERE FINDINGS USED INCERTIFYING CAUSES OF DEATH?

YES |

Baltimore

250. DATE REC D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

STATE

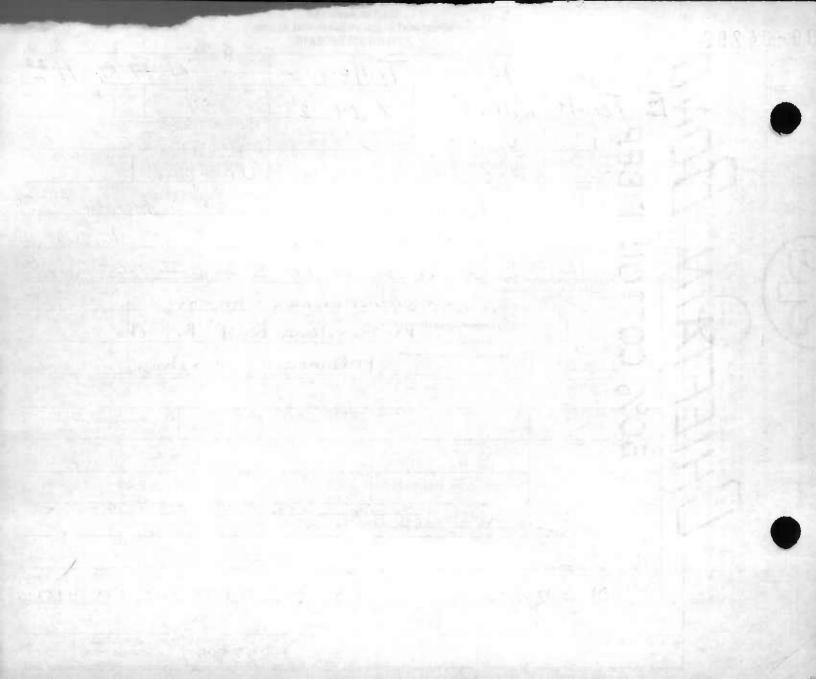


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OWI	AN ONE OF THE		ES, NO. OR UNKI	SED EVER IN U.S. ARM	ED FORCES?	166 SO	CIAL SECURIT	( NO.	17 INFOR			2700	PDWESS	No:	rth Ave	nue
BALTIMORE	IRS AFTER WITH FOR DIVISION		No.	*		213	2-11-17	57	Ms. D	)onna	Tates	Balt	imore	, Mo	d. 2121	6
			18. CAUSE	OF DEATH (Enter only DEATH WAS CAUSED	BY.				- Alex						APPROXIMA BETWEEN ONS	TE INTERVAL ET AND DEATH
PRESTON ST.	24 HOU ITEM IN IONG PERMIT SIENE		79		CAUSE (a)	Нурс	NSEQUENCE O	cep	halo	pathy	1					
ES	L LY L LY EAO		Candit	ians, if any, which	DUE TO, C	DR AS A CO	NSEGUENCE	)F								
3	MINE NTA OR R			rise to immediate a) stating the under-	DUE TO.	OR AS A CO	NSEQUENCE (	)E								
	EXA EXA ON,	13	lying co	ause last.	(c)										A46	
DIVISION OF VITAL RECORDS 201	ER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM OF PAGE 3 SHOULD BE USED AS A BURAL - TRANSIT PER HE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIEN NO. 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL		PART 2 OTHER	SIGNIFICANT CONDITIONS CO		TH BUT NOT REL	ATEO TO THE TERM	NAL DISEASI	OR CONDITIO	N GIVEN IN PAI	RT 1 (a).					
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3	SED SED	FICA	170. DATE C	of OPERATION	198. CON	DITION FOR	WHICH OPER	ATION W	AS PERFOR	(MED?					20 AUTOPSY	
2	WORK OF THE CHARLES THE CHARLE	ERT	21a. EXTERN	NAL CAUSE WAS	21b. TIME	OF INJURY		21c. HC	OW INJURY	OCCURRE	D (ENTER NATU	JRE OF INJURY	IN ITEM IB PAR	I I OR PAR	YES LX	NO [
ON	RIAME STAN		UNDERLYIN	OR OR		.M. MONTH	DAY YEAR			- COMME		1.1				*
VISIO	ERTIING ING SEPA PRK	MEDICAL	21d INJURY	OCCURRED	21e PLAC	E OF INJURY	Y (AT HOME,		CATION			TY OR TOWN		COU		STATE
ō	WRIIS OF WARD WARD WARD WARD WARD WARD WARD WARD	2	AT WORK	NOT WHILE	318621,1	ACTORY, FARM,	erc.,		NEC 1		C	IT OR TOWN		COOR	NIT	STATE
	TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, WEAGE 4 SHOULD BE FORWARD FORWARD FOR PARAFIELD STATE OF THE STATE OF TH		22 <b>a</b> l ce	rtify that I taak charge	of the remains	described ab	ave, held an	Autop	sy X,	Inspection	,	Inquiry [	], and ir	п ту ары	inian	
	BE FILL		death resu	ulted fram: Nation	cours X	Accident	Su. Su	cide 🗌	, Hami	cide .	Undeterm	ined manne	r 🔲,			
•	CER CER		ACTUAL	V	18	/	/			PECIFY)	4-			DATE	4/27	106
	SHE SHOW	1	SIGNATUR	1	1	/		M	.D. ASS	istan	MEDICA.	LEXAMINE	R	SIGNED	4/2/	700
	ER DIA		EXAMINER'	S NAME GTE	egory R.	. Kauf	fman. M	1.D.	ADDRESS	3 14	111 Pe	nn St				
	TO MEDIC. EXECUTE TI PAGE 4 SH TO FUNER. AFTER DEA BAUTIMORI	23a. B		ATION, REMOVAL 23			NAME OF CEA				23d. LÓCA	TION		COUNT	TV.	
07/B	4 BP	(3			4/29/19		butus N	lemor	ial P	ark	CHYORTO		altim		Maryla	and
25M	DHMH - 17			Sons Fu		gme, I	nc.		100	25a. DATER	REC'D. BY RE	GISTRAR	56. REGISTR	RAR'S SK	GNATURE	2.1111
	(VR A15 ME (5))	25	01 Gwy	nns Falls	Pkwy. B	altimo	ore, Md	. 212	216	MA	Y 1	1986		- who	Mande	مالالل

			STATE OF MARYLAND
42992	1.	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE  CERTIFICATE OF DEATH
1 2 0 0.0	1 05	REGISTRAR	REG NO.
r, page 3	(TYPE	CEASED NAME FIRST	N. TAILEY 4-17-86 112
ector, po	3. SE	3 FEMALE	Black S. Date of Birth  Month  Day  YEAR  1. DATE OF BIRTH  MONTH  DAY  YEAR  1. DAY  YEAR  THUNDER I VEAR IF UNDER 24 HOURS M.  MONTHS DAYS HOURS M.
un 72 hou		RTHPLACE (STATE OR FOREIGN )	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED   NEVER MARRIED   9 BALTIMORE CITY OR COUNTY OF DEATH  WIDOWED DIVORCED   BOTH   MORE CITY
by the fu	100	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (JENOT IN SUCH FACILITY, ONE STREET ADDRESS)  120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING JEE) INDUSTRY  121. NAME OF HOSPITAL (TYPE OF WORK FOR MOST OF WORKING JEE) INDUSTRY
filled in ould be		AL RESIDENCE (IF NURSING HOME OR OF TATE 13b. COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
and 2 sh and 2 sh exomine	IN FA	Tessie	MIDDLE MOBILEY FRANCIS MIDDLE WILSON
Poges 1		VAS DECEASED EVER IN U.S. ARA (ES, NO OR UNKNOWN) (1F YES, GIVE	MED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS EWAR OR DATES! 217-24-934 Franklin E Johnson II 1645 Fullo
ports m. he		18 CAUSE OF DEATH (Enter onleant)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA  D. BY:
Col 1			ECAUSE (a) CANDIOPULNOMONY ARMINST
out of co		Conditions if you which	DUE TO, ORASACONSEOUENCE OF M. edema and Broncha
by the orendal se remetion as cremetion as		Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, ORAS A CONSEQUENCE OF Premonia, Circhetin misrum
ingned by the caffinds her please remains at a burial, cremains a jury, anather trainings	N.	gove rise to immediate couse (a), stating the underlying couse last.	
permit. Then please remains out ene prior to buriol, cremotion, re aws any injury, arrather triumati	TIFICATION	gove rise to immediate couse (a), stating the underlying couse last.	OUE TO, OR AS A CONSEQUENCE OF PRELMONIA, CIRchetil, mierun
rich fromit permit. Then please remove con intal hygiene piran ta buriol, cremonion ver ium. 18 shows ony injuny, acrather insuread	CAL CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse last.  PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUENCE OF POLLMONIA, CLASHOLI, MICHAEL MI
as the buries transit permit. Then please tempers can think and Wintest bygeten prior to buries, commission, temperated or flow 18 shows any injury, arrather triumnation.	MEDICAL CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse last.  PART 2 OTHER SIGNIFICANT COUNTY OF THE COUNT	DUE TO, OR AS A CONSEQUENCE OF POLLMONIA, CLASHOLI, MICHAEL MI
for use as the burial transit permit. Then please remove car of Health and Mental Hypietre prior to burial, commissor, at its marked or from 18 shows any injury, anaither triumati.		gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT COUNTY OF THE COUNT	DUE TO, OR AS A CONSEQUENCE OF POLYMONIA, CLASSIC, MICHAEL MICHAEL DESCRIPTION OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0-  196. CONDITION FOR WHICH OPERATION WAS PERFORMED  206. AUTOPSY? 107. CERTIFYING CAUSES OF DEATH? 108. IT YES NO YES NO
DIRECTOR, After this certification of the Buriel in Dept of Health and Mental If New 21 is marked or from		gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT COUNTY OF THE COUNT	DUE TO, OR AS A CONSEQUENCE OF POLYMONIA, CLYDUGI, MICHAEL MINOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110-  19b. CONDITION FOR WHICH OPERATION WAS PERFORMED  19b. CONDITION FOR WHICH OPERATION WAS PERFORMED  20a AUTOPSY? 10b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO NO NOTH HOUR AM. MONTH DAY YEAR 10b. P.M. 19  21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)  10c. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  10c. and that in (my) (a) opinion death occurred on the date and hour and from the causes stated to the body after death.  DEGREE  22c DATE SIGNED
RECTOR, After this centri- hed for use as the burds to ept of Health and Mental tem 21 is marked or flum.)		gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT COUNTY OF THE COUNT	DUE TO, OR AS A CONSEQUENCE OF PREMION A. CLASSICIAN, MICHAEL DESCRIPTION OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  19b. CONDITION FOR WHICH OPERATION WAS PERFORMED  19b. CONDITION FOR WHICH OPERATION WAS PERFORMED  20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO TO THE TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19  21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)  21d. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  21d. LOCATION STREET  CITY OR TOWN  COUNTY  STATE  DEGREE  ATTENDING PHYSICIAN DIRECTOR PHYSICIAN  22c. DATE SIGNED  22c. DATE SIGNED
ALDRECTOR After this centre lengthed for use on the burloth of Dept of Health and Montal I. If them 2 (is marked or flurm.)	WEDICAL 230. 1	gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT COUNTY OF THE COUNT	DUE TO, OR AS A CONSEQUENCE OF PREMION A, CLYDIAN, MICH OPERATION OF RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110-  19b. CONDITION FOR WHICH OPERATION WAS PERFORMED  19b. CONDITION FOR WHICH OPERATION WAS PERFORMED  20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO



injury, or other troumatic event, the medical

IMPORTANT: If Item 21 is marked or Item 18 shaws any

## STATE OF MARYLAND

## DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8	REG. NO.	1	1	2	2	'n
	REG. NO.					

	FOR STATE REGISTRAR	DEPARTM	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 6 REG. NO.	1229
S	I. DECEASED NAME FIRST	WIDDLE	LAST	2a. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
a	Frank		Tamberino	April 19, 1986	
	3. SEX	4. RACE	5. DATE OF BIRTH  MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS
ń	Male	White	Nov. 8, 1911	74 YRS.	
1	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	
2	Maryland	U.S.A.	WIDOWED DIVORCED	V	
0	Baltimore	1603 Wood bourne	Avenue 21239	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF  Dispatcher	12b. KIND OF BUSINESS OR INDUSTRY City Gov't
5	USUAL RESIDENCE (IF NURSING HOME O 130. STATE 13b. COU Maryland		N 136 INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP CODE 1603 Woodbourn	e Avenue 21239
8	14 FATHER'S NAME FIRST Frank	MIDDLE Tamburino	15. MOTHER'S MAIDEN NO	AME	DiLullo
7	160 WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECU	RITY NO. 17 INFORMANT	ADDRESS	
	NO (JES. NO OR UNKNOWN) (JE YES, GI	218-28-3	3409 Theresa M.	Tamberino same	as 13e
3	Conditions, if ony, which gove rise to immediate couse to), stating the underlying couse lost.	teent faction		Herry	EN IN PART 110
1	DI III				YING CAUSES OF DEATH?
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH DA	21c. HOW INJURY OCCUI	RRED (ENTER NATURE OF INJURY IN ITEM 18 P	
	OR CONTRIBUTING CAUSE OF DE LIFETHER NOTIFY MEDICAL EXAMINE	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	ARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	sow the deceased alive or	of PRENT	, and that in (my) (our) opinion  DEGREE  ATTENDING PHYSICIAN	MEDICAL STAFF	, that (I) (we) last or and from the couses stated  22c. DATE SIGNED
-	230 BURIAL, CREMATION, REMOVAL	123b. DATE 123c. N	HAME OF CEMETERY OR CREMATORY	7 LINDEN 123d LOCATION	NUE.
	Bürial	, ,	rdens of Faith Cen	CITY OR TOWN	COUNTY STATE
	24 FUNERAL DIRECTOR		25a. DA	TE DECID BUILD DISTRIBUTION OF THE	
	Leonard J. Ruck	, Inc. Baltimore	, Maryland A	PR 22 1986 Julian	Davidson-Mondess

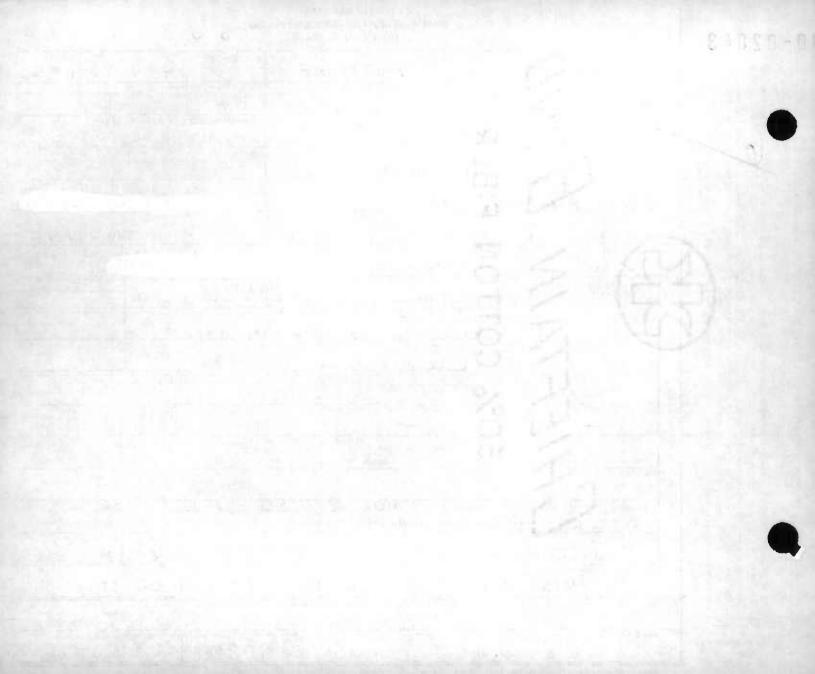
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	1			STATE OF MARYLAND				
0-02843	1.	FOR STATE REGISTRAR	DEPART	CERTIFICATE OF DEATH	SIENE 8 6	o. 1	12	30
2.5		CEASED NAME FIRST	MIDDLE	LAST	2a. DATE OF DEATH	MONTH DAY	- 4	HOUR
ed to object to the party of th		RICHAR		TANZYMORE		4 1	86 11	35 AM
4 24	1 SE	* M ALE	BLACK	5. DATE OF BIRTH  MONTH DAY YEAR  12 28	6 AGE (IN YEARS LAST BIR	THDAY) IF U		UNDER 24 HRS
011111	71.8	GA.	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALT BALT		DEATH	MD.
38	1	ALT. GTY	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE VNIV. OF. MD		12a USUAL OCCUPATI (TYPE OF WORK FOR MOST OF LABORER	F WORKING LIFE)	126. KIND OF BUINDUSTRY CARPENTI	
ARYLAND 212 Justice 22 hours of 2 year of the	Ha.	ATHER'S NAME FIRST	OTHER INSTITUTION GIVE RESIDENCE BEFORE  TY  ARUNDEL  ARUNDEL  ADDUE  LAST	RE ADMISSION)  VN  13d. INSIDE CITY LIMITS?  YES NO NO NO NA  FIRST	13e.STREET ADDRESS A Terrace Bal	z <sub>IP CODE</sub> 27	710 Auch , Maryla	nentroly and 2121
1	Harr	WILLIAM WAS DECEASED EVER IN U.S. ARA	N TANZYMI	URITY NO. 17 INFORMANT		35 A 1-	ANZYN	TORE
TIMOR be case to Popular . Popular .			WAR OR DATES) Z59-40					
201 W. PRESTON ST., E as that the death certificated by the attending phy please remove carbon pid unit, cremation, or remov, or other traumokic event		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	y one cause per line for (a), (b), a BY:  E CAUSE (a)  DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)  ONDITIONS CONTRIBUTING TO	Jence of Persons		st DILION GIVEN		
ECORDS, The requirement Themson to be properted to	CERTIFICATION	190 DATE OF OPERATION		H OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, W	ERE FINDINGS	USED
21 21 21 17	E				YES NO	YES [	IG CAUSES OF I	O [
DIVISION OF VITAL DIVISION OF VITAL orbitalists physician of the certificate is the file burnel broads in the and Mental Hygies arked for Nem. 18 show		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	21b TIME OF INJURY HOUR A.M. MONTH D	PAY YEAR	RED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART I	OR PART 2)	
IVISION of Period of the tour hand miled or i	MEDICAL	21d. INJURY OCCURRED  NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE,	FARM ETC.) 211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
ATTENDS or ECTOR A sid for user 1 feed from 21 is mg		22a.1 certify that (I) (this hospits sow the deceosed alive an abave, (I) (we) (did) (did not 22b. SIGNATURE	april 19	March 12 , 19 8 ( S ond that in (my) (our) opinian DEGREE	, to derided an the do	, 19_ ate and haur an		
ERAL DIS State Dis ANT: If he		B. QUITTE	mung HD	ATTENDING	MEDICAL STAF	IAN	4-1-	
TO HOSE TO FLIN	122	B. ARIS	OUNT	UMHS -	225. 9	reene	डा .	
ВР		BURIAL, CREMATION, REMOVAL (SPECIFY)  Burial	4/7/1986 Ma	Name of CEMETERY OR CREMATORY Bryland Nat. Mem. P		cc	Mary	yland_
DHMH - 16 60M 7/B4 (VRA 15, 4)	25	บNซปซุษษณ์ & Sons F ชา Gwynns Falls	Pkwy. Baltimor	e, Md. 21216 AP	R O 8 1986		idson-Ran	dano



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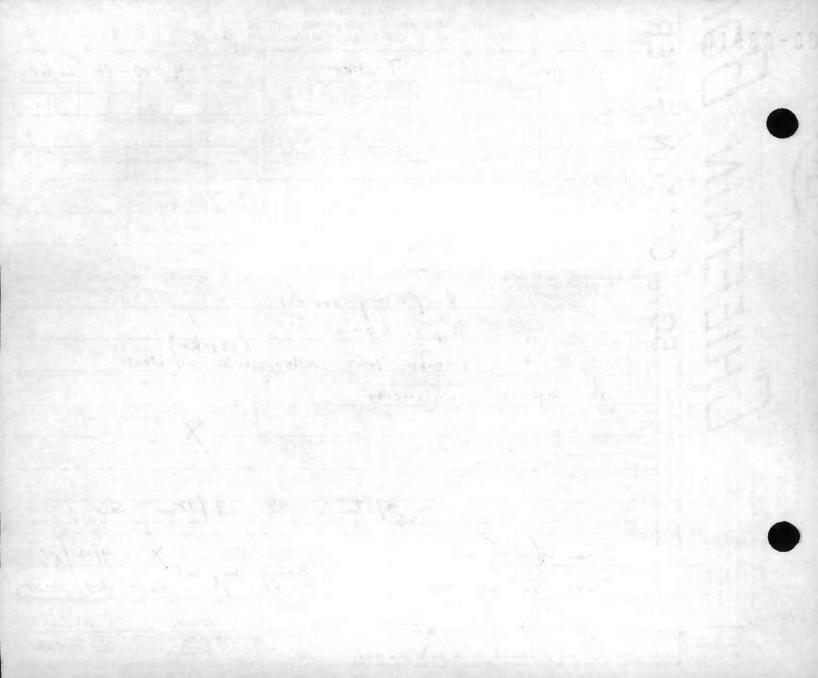
0-03918	1.	FOR STATE REGISTRAR		DEPA	RTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYC ICATE OF DEATH	SIENE 8 6	⊙.	i de	3 3
by be death		CEASED NAME FIRST GEORGE		WIDOLE	- Jane	sker	20. DATE OF DEATH	Y-12-5	-m./ .	HOUR A
e 4 moy ctor.po	3. SE		4 RACE	7 2-	S. DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIR	MONTHS		UNDER 24 HRS OURS MIN.
h. Pog		Male RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF	Lack WHAT COUNT	RY? 8 MARRIE	4 1913 □ NEVER MARRIED □	9 BALTIMORE CITY	OR COUNTY OF D	EATH	
the funer		aryland TY OR TOWN OF DEATH	U.S		RSING HOME C TREET AOORESS)	D DIVORCED DIVORCED DIVORCED DIVORCED	Baltimer 120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O	ION 12b	KIND OF B	MD. USINESS OR
4 hours of do by do by do by do by	USU 13a. S	AL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION	Hospita GIVE RESIDENCE B 136. CITY OR T	EFORE ADMISSION)	13d INSIDE CITY LIMITS?	Retired 13e.STREET ADDRESS			rve Ban
within 24 within 24 and 2 should	14 FA	Aryland THER'S NAME	MIDDLE	LAST		YES X NO 1	ME MIODLE		LAST	15
BALTIMORE, MARYLAND 2120 sole be executed within 24 hours ysicion and completely filled in by apers. Pages 1 and 2 shauld be fall wol.  11, the medical examilier marker in the medical examilier marker.	16a V		RMED FORCES?	Task	ECURITY NO.	Isabel 17 INFORMANT Laura Gaffor	ADDR	ESS	Adams 211	215
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., NG PHYSICIAN: The law requires that the death certific attending physicion.  Therefore this certificate has been signed by the attending phos the buriol-transit permit. Then please remove corbanate and Mental Hygiene prior to buriol, cremation, or remoorked or them 18 shows any injury, or other traumatic even		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, C	R AS A CONSE	ercalc+	emia errest cerebrov	(stroke	cident		
or to buring the plum or to buring the puring the purin	NOIL	PART 2 OTHER SIGNIFICANT Bronched	genic	ear	rcinomo	7				
Al RECC	CERTIFICATION	190 DATE OF OPERATION			IICH OPERATIO	N WAS PERFORMED	YES NO	20b. IF YES, WER IN CERTIFYING YES	CAUSES OF	S USED F DEATH? NO []
TISION OF VITA THENDING PHYSICIAN: T THIS certificate the buriol-transi and Mental Hygi ed or Hem 18 sh	MEDICAL CE	218 ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING ] CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED  WHILE NOT WHILE	P 21e PLACE	OF INJURY  .M. MONTH  .M.  OF INJURY REET, FACTORY, OFF	19	216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	OWN C	RPART 2}	STATE
OR ATTENDING P e hospital or after to DRECTOR, After to sched far use as the Dept. of Health and Them 21 is marked		220.1 certify that (1) (this hasp saw the deceased alive or above, (1) (we) (did) (did no 22b. SIGNATURE	9/12	1	9 5/0 .01	nd that in (my) (aur) apinion	death accurred on the d	2		
TO HOSPITAL OF TO FUNERAL IS should be detoo with the Store EMPORTANT: If		22d. PHYSICIAN'S NAME (TYPE	orpress, Selsku	ms y		ATTENDING PHYSICIAN [  220 ADDRESS Mere  301 52 Pa	MEDICAL STA	Be lto.	4/12/	2130
BP	23a. E	URIAL, CREMATION, REMOVAL SPECIFY)  BURIAL	23b. DATE / 4-18-			EMETERY OR CREMATORY  Memorial Par	k Arbutus	cour	Marı Marı	yland

DHMH - 16 60M 7/B4 (VRA 15, 4)

Bailey-Douglass Funeral Home 1348 N. Calhoun St.

24 FUNERAL DIRECTOR

250. DATE REGIDARY DEGISTRAP 25 LIKEGISTRAR'S SIGNATURE



this certificate hos been signed by the attending physician and cample burial-transit permit Then please remove carbon poper.

IMPORTANT: If Item 21 is marked or Item 18 stows any injury, or other troumatic TO FUNERAL DIRECTOR. After this certificate has been signed by the attenshauld be detached for use as the burial transit permit. Then please remove a with the State Dept, of Health and Mental Hygiene prior to burial, cremation.

00-0390

## STATE OF MARYLAND

Inc 4112 Old Columbia Pike Ellicott City

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

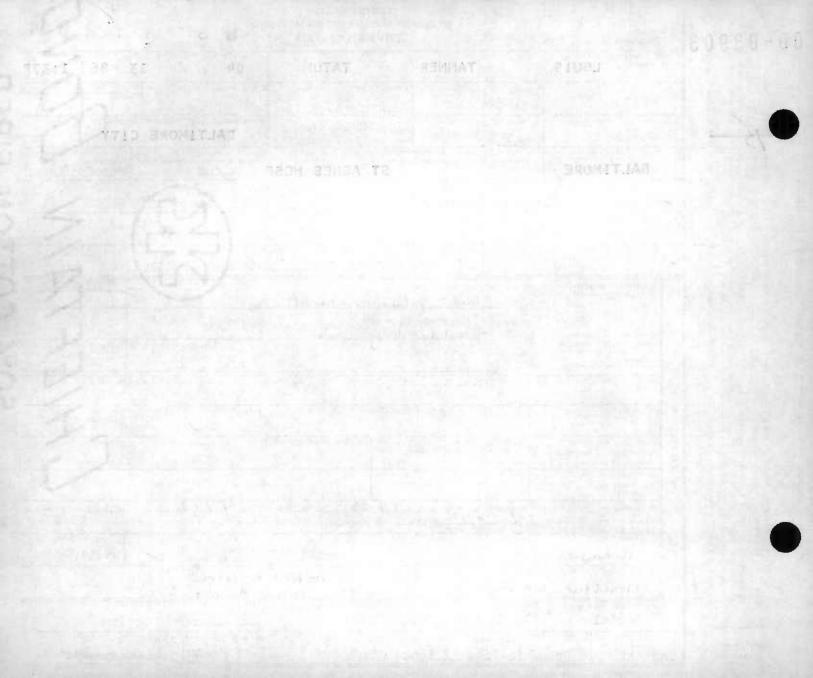
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1986 Julia Davidson Bandasa

1-	FOR STATE REGISTRAR		DEPARTM		EALTH AND	MENTAL HYG DEATH	8	6 REG. NO.		2	3 4
	CEASED NAME FIRST LOUIS		TANNER	l	TA:	TUM	0.4	EATH MONTH	13	YEAR 86	1;37 M
3. SEX	Male	4 RACE White		5. DATE C		YEAR 1914	6 AGE (IN YEAR	S LAST BIRTHDAY)	MONTHS	DAYS	HOURS MIN.
	ATHPLACE (STATE OF FOREIGN		VHAT COUNTRY?	8. MARRIEI	D NEVER	MARRIED -	9 BALTIMORE	CITY OR COU	NTY OF DE		
	TY OR TOWN OF DEATH  BALTIMORE		OSPITAL, NURSING FACILITY, GIVE STREET A			STITUTION	12a USUAL OC (TYPE OF WORK FO	CUPATION OR MOST OF WORKIN	IG (IFE) IND	KIND O USTRY	F BUSINESS OR  nghouse
1 30 S	AL RESIDENCE (IF NURSING HOME) TATE  Aryland  Be		BIVE RESIDENCE BEFORE 13c CITY OR TOWN Arbutus			CITY LIMITS?	13e.STREET AD	oress / zip co June Roa	ODE	1227	
FA	THER'S NAME Louis C Tat	um	LAST		15 MOTHE	Elizabe		pding		LASI	T
No.	(AS DECEASED EVER IN U.S. ES, NO OR UNKNOWN) (IF YES	ARMED FORCES? GIVE WAR OR DATES)	215 09 8		Mrs J		e Tatum	1205 3	June I		1227 rbutus
NOI	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last	b)	as a conseque	NCE OF	)		IINAL DISEASE C	DR CONDITION	GIVEN IN	PART III	o.
CERTIFICATION	19a DATE OF OPERATION	1% CONDIT	ION FOR WHICH	OPERATIO				INCE	YES	CAUSES	OF DEATH?
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.A	MONTH DA	Y YEAR	21c HOW	INJURY OCCURE	RED (ENTER NATUR	E OF INJURY IN ITEM	18 PART OF	PART 2)	
MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE DAT WORK	21e. PLACE C	DF INJURY ET, FACTORY OFFICE FA	ARM ETC )	21f LOCAT			TITY OR TOWN	co	YTAU	STATE
	22a 1 certify that (1) (this has saw the deceased alive abave, (1) (we) (did) (did 22b SIGNATURE	an 1 5 t	4/13 19 %		28 and that in (m)	19 <u>86</u> () (aur) opinion (	, ta 4 death occurred o	n the date and	haur and f		
	M. Nosir				DEGREE	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN		4114	
	22d. PHYSICIAN'S NAME (TY MOKHTAR	PE OR PRINT) NASIR			22e ADDRE ST	WC-NET	Mayer N				
(:	urial, cremation, remov specify Burial neral director Harry	April	16'86 Lo	udon :	Park	CREMATORY	Baltin	nore M	aryla		STATE

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.



1-0382/1	1.	FOR STATE		DEPARTA	MENT OF HE	OF MARYLAND ALTH AND MENTAL HYG CATE OF DEATH		6	4 0	~ 20
1		REGISTRAR  CEASED NAME OR PRINTI	mry	MIDDLE	LAS		20. DATE OF DEA	G. NO.	DAY YEAR 2b.	HOURS
A LUI	35E	MALE	4 RACE BLAC	K	S. DATE OF	16th, 1907	6. AGE (IN YEARS L			UNDER 24 HRS
art Polge	7a. B	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8	NEVER MARRIED	9. BALTIMORE C	17.	YOFDEATH CI	it wo
		TY OR TOWN OF DEATH	(IF NOT IN SUC	HOSPITAL, NURSING HEACILITY, GIVE STREET	IG HOME OR	OTHER INSTITUTION	TYPE OF WORK FOR	UPATION	12b. KIND OF B	
186	13a - 5	AL RESIDENCE (IF NURSING HOSTATE 13b. (	OME OR OTHER INSTITUTION COUNTY	GIVE RESIDENCE BEFORE 13c. CITY OR TOW BALTIMO	N E	3d. INSIDE CITY LIMITS?	13e STREET ADDR	RESS / ZIP COL	FOREST P	21216 ARK AVE.
130	J F	THER'S NAME FIRST FRANK	WIDDLE	TAYLOR		5. MOTHER'S MAIDEN NA FIRST MARY	WIC		? ? ?	
tote be executed within 2.1 Jouing yields on a complete to pers. Pages of the medical new terms		VAS DECEASED EVER IN U. (ES, NO OR UNKNOWN)   ] IF Y	S. ARMED FORCES? ES. GIVE WAR OR DATES)	227 05 2	2883A	MS. MILDRED		513 W. 1	FOREST PA	
. ific		18 CAUSE OF DEATH IEN PART I. DEATH WAS C	ter only one couse per AUSED BY: EDIATE CAUSE (o)			TP, RABRY	, ARRE	3	APPROXIMAT BETWEEN ONSI	- 23
ot the death co sy the attending se remove corb c cremation, or a		Conditions, if any, whingove rise to immedia couse (a), stating the underlying couse los	te be DUE TO, O	R AS DEONSEOU	6651	108 1700 lestre 1	heart	dicurs	n per	inety
sa of the	NOI	PART 2 OTHER SIGNIFIA	ANT CONDITIONS CO	ONTRIBUTING TO		CONCLOS CO		CONDITION G	IVEN IN PART 110	
The law recion. The has been sit permit. Sisteme prior	CERTIFICATION	19a. DATE OF OPERATION	196 COND	ITION FOR WHICH		WAS PERFORMED	20a AUTOPSY YES NO	IN CERT	ES, WERE FINDINGS IFYING CAUSES OF 'ES []	S USED DEATH?
SICIAN: ng phys certifico priol-fror tem 18	MEDICAL CER	210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EX	OF DEATH HOUR A.	M. MONTH DA	19	21c. HOW INJURY OCCUR	RED (ENTER NATURE	OF INJURY IN ITEM 18	PART I OR PART 2)	
NG PHY ottendia frer this os the bu	MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY OFFICE, F		211 LOCATION STREET	CIT	ORTOWN	COUNTY	STATE
ATTENDI Sspital or ECTOR: A d for use t of Heali		228.4 certify that (1) (this sow the deceased all obove (1) (we) (did to	ve on	12 10 8		that in (my) our) opinion	, to death occurred on	the date and ha	ur and from the cau	
ITAL OR AT by the hosp by the hosp RALDIREC Retained by Store Dept of		22d. PHYSICIAN'S NAME	hiran	209	N	ATTENDING PHYSICIAN E	MEDICAL DIRECTOR   P	STAFF HYSICIAN []	27t. DATE SIG	NED .
TO HOSPITAL OF etoined by the TO FUNERAL DII should be detach with the State De with the State De Hospital British Bri		Ac u	MRAN			1010 ST.	Paul	ST.	2,12	2
BP		SPECIFY) BURIAL	236 DATE 4/18/	1.1		METERY OR CREMATORY  URN CEMETERY	23d. LOCATION CITY OR TO BAI	TIMORE		STATE A RYTAND
DHMH - 16 60M 7/84 (VRA 15, 4)		EWIS T. GWYN	N 4517 PA	ADDRESS ARK HEIGH	TS AVE	A	PR 1 7 19	W	TRAR'S SIGNATURE	glass.

160-03871 7 .... ı lo o Santa Tark 1 TATE OF THE STATE OF THE STAT THE LEVEL TO i c 297 05 2333. 42. (24.21 2.42. 35.3 (. 112.22 4.22-11). THE DESCRIPTION OF THE SECOND SECTION OF THE SECOND 

0-05529	1.	FOR STATE REGISTRAR		DEPARTA	MENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 6	. 1	1	2 3 6
noy be poge 3 sr deoth	(TYPI	CEASED NAME FIRST CORPRINT) Trei	ne	Owens	To	ryler		4 3C	86	10 pm
director: po	3. SE	Female	RACE		S. DATE C	al 21	6 AGE (IN YEARS LAST BIR		UNDER I YEA	
er deoth. Po within 72 hou		RTHPLACE (STATE OR FOREIGN COUNTRY)		WHAT COUNTRY?	8. MARRIEI WIDOWE	NEVER MARRIED DIVORCED	9. BALTIMORE CITY O			MD.
by the fulled with		ITY OR TOWN OF DEATH	(IF NOT IN SUC	HOSPITAL, NURSIN HEACILITY, GIVE STREET ON MEDIC	ADDRESS)	ENTER	TYPE OF WORK FOR MOST C	F WORKING LIFE)	126. KIND INDUSTR	OF BUSINESS OR
filled in ould be	13a. :	AL RESIDENCE (IF NURSING HOME OR STATE 131 COUN		134 CITY OR TOW BALTIMO	N	13d INSIDE CITY LIMITS? YES X NO X	13e STREET ADDRESS A		ST.	21217
ompletely ompletely I and 2 sh		TOHN	WIDDIE	OWE	1S	LUCY	WE			AST TER
be execut	16a \	VAS DECEASED EVER IN U.S. AR	MED FORCES? E WAR OR DATES)	2132077		MARY CURT	ADDRE IS 1008 N.		ICK	AVE.
not the death certificate by the ottending physicis se remove corbonopope', cremation, or removal.		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if ony, which gove rise to immediate cause (o), storing the underlying cause lost.	D BY: TE CAUSE (o)  DUE TO, O (b)	AS A CONSEQUE	NCE OF	Lapandont	cowa diobet	tas ma	BETWEE	DXIMATE INTERVAL IN ONSET AND DEATH
ow requires the been signed be mit. Then pleos prior to buriol, only injury, or o	CERTIFICATION	PART 2 OTHER SIGNIFICANT O					20a AUTOPSY?	20b. IF YES,	WERE FIND	DINGS USED ES OF DEATH?
by the hospitol or ottending physicion by the hospitol or ottending physicion ERAL DIRECTOR: After this certificate I e detoched for use as the burial-transit State Dept. of Health and Mental Hygie NAT: If them 21 is marked or Item 18 sho	MEDICAL CERTI	The second of th							COUNTY	STATE that (we) ost
FUNE SORTA		J.1.	17	7		11150	40- 5	- Ro	-	MASIN

23c. NAME OF CEMETERY OR CREMATORY

EASTVIEW

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR WM. C. MARCH F/H INC. 1101 . NORTH AVE.

5-6-86

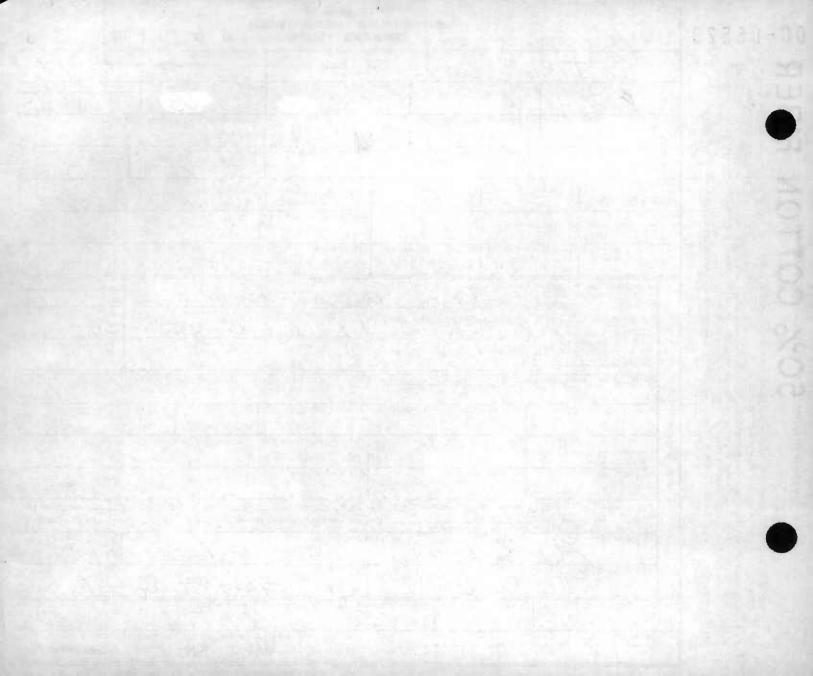
23b. DATE

230. BURIAL, CREMATION, REMOVAL BURIAL

23d LOCATION
CITY OF TOWN
BALTIMORE 25. DATE REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE MAY 5 1986

COUNTY

MARYLAND



filled in by the funeral director, page 3 gold be filed within 72 hours after death

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DEPARTMENT	OF	HEA	LTH	AND	MENTAL	HYGIENE
CEI	170	FIC	ATE	TO:	DEATH	

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REG. NO.	1		Cha	()

	1-	FOR STATE REGISTRAR		DEPARTM		EALTH AND A		IENE 8	6 REG. NO.	1	2	3 /	1
1		CEASED NAME FIRST	MID	DLE	i.	AST	No.	2a. DATE OF	DEATH MOI	11,	101	2b. HOUR	
	-	JTTA) <sub>LUET</sub>				AYLOR			7	110	/	110-	AM
	3. SEX		4 RACE		5. DATE C		PAR 3	6. AGE (INY	EARS LAST BIRTHDA		UNDER I YEAR	HOURS	A HRS
		F	В		4	29	-09		76	YRS			
2	C	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WE		MARRIE	NEVER A	AARRIED 🗆	9 BALTIMO	RE CITY OR C	OVITADO	FDEATH		
2	-	7A.	U.S.A		WIDOWE		ORCED		MORE CI				MD.
1	10 CI	TY OR TOWN OF DEATH	11. NAME OF HO	SPITAL, NURSIN ACILITY, GIVE STREET		R OTHER INST	ITUTION		OCCUPATION FOR MOST OF WO		126 KIND O INDUSTRY	F BUSINES	SOR
		LTIMORE		EMORIAL		ITAL		N/	A		1.7		
6	13a. S		VTY 13	C. CITY OR TOW	N	13d. INSIDE C	TY LIMITS?		ADDRESS / ZI				
2	$\overline{}$	MARYLAND	B	ALTIMO	RE	YES 🔀	NO 🗌		BARTLI	ETT A	AVE.	2121	88
	14 FA	THER'S NAME	MIDDLE	LAST			MAIDEN NA	ME	MIDDLE		LAS	7	
×		GEORGE		MASON			LEN				BAR	SWEL.	L
J			MED FORCES? 16	SOCIAL SECU	RITY NO.	17 INFORMA			ADDRESS				
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		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE	nly ane cause per lin				0.0	a ma	al V -	(	BETWEEN	MATÉ INTERV ONSET AND D	AL EATH
			TE CAUSE (a)	1º 59U	bu.	505	Cell	201	7 12	5-10			
			DUE TO, OR AS A CONSEQUENCE OF										
		Conditions, if ony, which gave rise to immediate	( lb)										
	4	cause (a), stating the underlying couse fast.	DUE TO, OR A	S A CONSEQUE	NCE OF								
			(c)										
Š	Z	PART 2 OTHER SIGNIFICANT		TRIBUTING TO D	,	NOT RELATED	TO THE TERM	INAL DISEASI	E OR CONDITI	ON GIVEN	IN PART 110		
and it	CERTIFICATION	190 DATE OF OPERATION		ON FOR WHICH	(	N WAS PERFO	RMFD	20a AUTC	PSY?   20	b. IF YES. V	VERE FINDIN	IGS USED	_
1	IFIC							YES 🗇	NOT	CERTIFYII	NG CAUSES	OF DEATH	15
	ERT	210. ACCIDENT WAS UNDERLYING	21b. TIME OF I	NJURY		21c HOW IN	JURY OCCURR				1 OR PART 2)	140	
4		OR CONTRIBUTING CAUSE OF DE	ALIT.	MONTH DA		1							
	MEDICAL	21d INJURY OCCURRED	21e PLACE OF		19	21f LOCATIO	N			70			
	W	WHILE NOT WHILE I	(AT HOME, STREET	FACTORY, OFFICE, FA	FARM, ETC.) STREET				CITY OR TOWN		COUNTY	STA	.1E
		22a I certify that (I) (this hasp	ital) attended the a	leceased from	9/1	2	19.86	to	4/16	19	86	that (1) (we	e) lost
		saw the deceased alive an abave, (1) (we) (did) (did no	4/16	108	an an	id that in (my)	(our) opinian d	death accurre	d an the date	and hour a			
		22h SIGNATURE -	. /	/ deam	[	DEGREE					22c DATE	SIGNED	_
		1.5. to	RUKE				TTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF  PHYSICIAN	6	4/1	1/81	
		22d. PHYSICIAN'S NAME (TYPE O	PALAUK	H		22e ADDRESS	5	note		Hos	pito		
		IMAD S. I	ALNOR	- ( (	LXI	UNIO	N . (2	1,0120	Balt-	HD	212	-18	
		URIAL, CREMATION, REMOVAL				EMETERY OR C		23d LOCA	TION		OUNTY	STA	15
		URIAL	4-21-	86	BALT	IMORE	CEM	BA1	TTMOE	T	YINUO.	377 3 A	

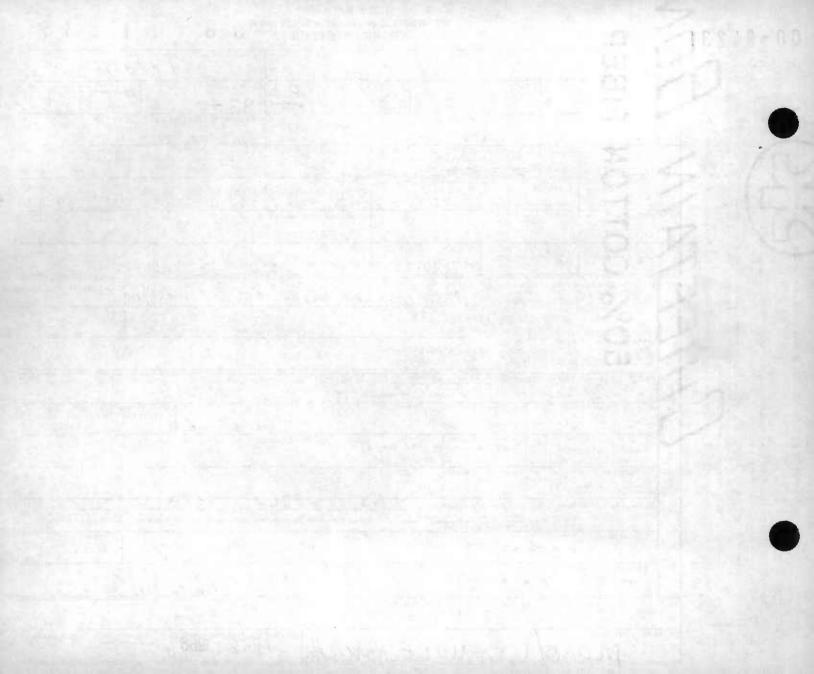
DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR WM. C.

IMPORTANT: If Item 21 is marked ar Item 18 shows any injury, ar other traumatic event, the medica TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

250. DATE REC D. BY REGISTRARI250. REGISTRAR'S SIGNATURE PROPERTY APR 2 1 1986



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH DECEASED NAME 26 HOUR (TYPE OR PRINT) VS. OTHA 1:45 APRIL 2, 1986 ORTH TAYLOR 4. RACE 5. DATE OF BIRTH 6 AGE LIN YEARS LAST BIRTHDAY) IF UNDER I YEAR 3. SEX DAYS 32 XEAR B M TO BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED T NEVER MARRIED U.S.A. N.C. BALTIMORE CITY WIDOWED DIVORCED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BALTIMORE JOHNS HOPKINS HOSPITAL LABORER SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMI 13b COUNTY 13L CITY OR TOWN 13d. INSIDE CITY LIMITS? 2226 E. NORTH AVE. 21213 MARYLAND BALTIMORE YES TX 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE DAVID TAYLOR UNKNOWN ADDRESS 16n WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT I IF YES. GIVE WAR OR DATES! 244-48-4312 CASTELLE TAYLOR 2226 E.NORTH AVE. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).
PART I, DEATH WAS CAUSED BY: Condianilmonany IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. TING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS USED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (EN 21b. TIME OF INJURY STURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21f LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE FARM ETC.) STREET COUNTY STATE AT WORK AT WORK The I certify that IV Ithis housilal billended the deceased from KOTG and that in (my) (our) pinion death accurred on the date and hour and from the causes stated above (1) (we lifted that eat view the body ofter death 22b. SIGNATURE DEGREE 22c DATE SIGNED

ATTENDING

PHYSICIAN

22e ADDRESS

23c NAME OF CEMETERY OR CREMATORY

CEDAR HILL

MEDICAL

23d LOCATION CITY OR TOWN

DIRECTOR PHYSICIAN I

DHMH - 16 60M 7/84 (VRA 15, 4)

WM.C. MARCH F/H INC. 1101 E. NORTH AVE.

4-8-86

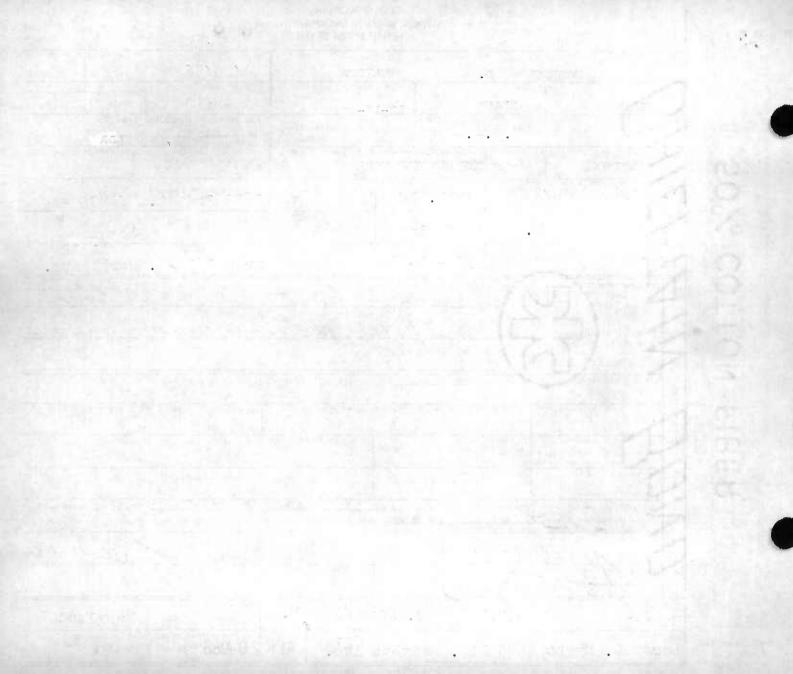
230 BURIAL CREMATION, REMOVAL

BURIAT.

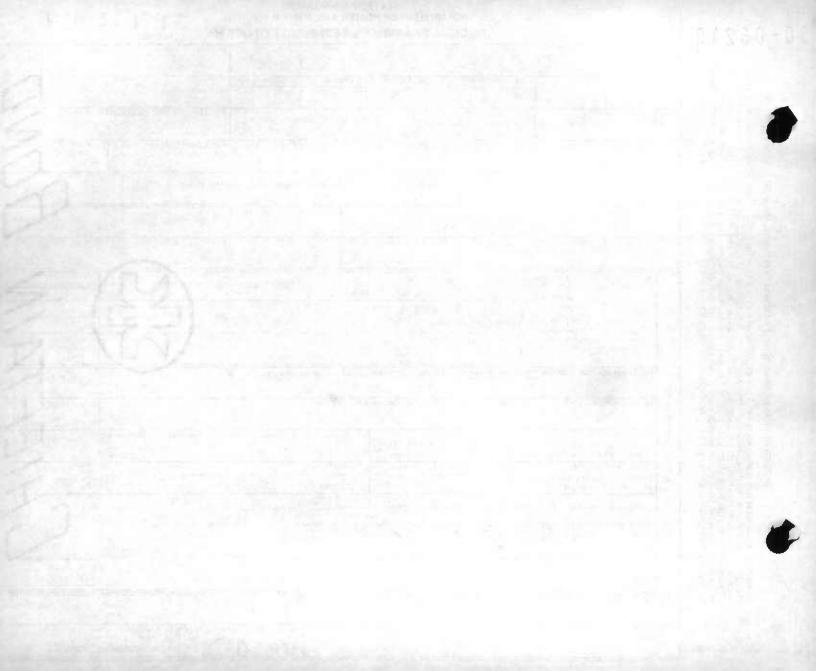
ANNE ARUNDEL MARYLAND 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



(VRA 15, 4)



		FOI 1 - STA						MENT OF	HEALTH		ENTAL HY	4.4	Sa.	Ì		2	4 0			
10-0	3249	REC	GISTRAR	TRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.									NO.							
		I. DECEA	SED NAME	FIRST			MIDDLE		LAST 20. DA					KNOWN ESTI-	XX MONTI	H DAY	YEAR	26. HOUR		
	ASE FES. SES.			illie						Tay1			DEATH	MATED	□ 4	8	1986	M		
	STATE	3 SEX	4. R.A	CE	5. DATE OF	F BIRTH DAY	YEAR	6 AGE (IN Y		DER 1 YR.	IF UNDER 2	4 HRS. 2	C DATE		нтиом	DAY	YEAR	2d. HOUR		
Messi	ON 2 OUR	Male	e   B1	ack	6	6	32		RS.				DEAD		4	8		2:45R		
	ASSESSA FESS	70. BIRTH	PLACE (STATE OF		76. CITIZEN		AT COUN	ITRY?	8. MARRI	ED NE	VER MARRIE	0 0 9			Y OR COU		DEATH			
	SAN		N	С	US	A			WIDOW	ED 🗆	DIVORCE				ore Ci	-	(Obj.	MD.		
	SEE TO	10. CITY	OR TOWN OF DI	EATH				RSING HOM	E, OR OTH	ER INSTITU	TION		AL OCCUP		TYPE OF WORK	12b. KI	IND OF BUR INDUSTI			
	1. IF ANY DELAY IS NECESSARY, PLEASE 2. AND 31 OTHE FUNERAL DIRECTOR. 3. RETAIN PAGE 5 FOR YOUR FILES. 3. SHOULD BE FILED. WITHIN 72 HOURS ALRECORDS, AQI W. PRESTON STREET,		Baltimo		St.	Agne	es Ho	spita					cker				Chauffeur			
5	ANNO STAIN DOULD COULD CECORD	USUAL R	ESIDENCE (IF IN P	13b. COUN		FUTION, GIVE		OR TOWN	ION)	13d INSIDE C	ITY LIMITS?	13e STREI	ET ADDRE	SS						
2120	A Z W O W O		Md.					to.		YES	NO 🗆	10	52 Co	ooks	Lane		21229	1		
A S	- S 33.0		ER'S NAME		MIDDLE		1101	LAST		15 MOTHE	R'S MAIDEN	NAME	м	IDDLE			LAST			
	ANG ZA	Jo	pinst	Wi	llie		Tay	lor		Emma		37.5			Ta	aylor	r			
IMO	PAGORA	160. WAS	DECEASED EVE		MED FORCE		100	CIAL SECURI		17. INFORA	MANT			ADDRE	ESS					
201 W. PRESTON ST., BALTIMORE	WITHIN 24 HOURS AFTER DE INCIL IN ITEM 1B. GIVE PAGE MINER ALONG WITH FORM TRANSIT PERMIT. PAGES 1 NUTAL HYGIENE, DIVISION OF REMOVAL.	No			212-28				86	Clar	ra Tay	lor	315	5 Mor	naster	cy A	venue			
2	MI. PIN.	18		ATH (Enter an	ly one cause									//A	-17	A	PPROXIMATE			
N N	# HO DNG DNG ERM ERM AL.		PARTIDEATH WAS CAUSED BY:   MMMEDIATE CAUSE (0)   Multiple stab and incised wounds																	
STO	AN ALCANON		DUE TO, OR AS A CONSEQUENCE OF																	
<u>a</u>	MITH NER SANS TAL H		Conditions, if ony, which gave rise to immediate (b)																	
×	A A A B C C C C C C C C C C C C C C C C		cause (a) stoting the <u>under-</u> lying couse last.  DUE TO, OR AS A CONSEQUENCE OF																	
. 20	EX E		(c)																	
DIVISION OF VITAL RECORDS,	IS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 INRITING THE WORD "PENDING". IN PENCIL IN TIEF REDED TO THE CHIEF MEDICAL EXAMINER ALONGE AS SHOULD BE USED AS A BURIAL - TRANSIT PRE IT DEPARTMENT OF HEALTH AND MENTAL HYGIES OF PRIOR TO BURIAL, CREMATION, OR REMOVA		PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10												ni in	144.5				
A S	HEAL OF HEAL	CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?										20	AUTOPSY:						
I	SHOULD ORD "PE CHIEF A E USED / T OF HE/ URIAL, C	IFIC															YES 🔯	NO 🗆		
> 4	W W W W W W W W W W W W W W W W W W W	21	O. EXTERNAL CA		21b.	TIME OF	INJURY	SAV VEA	21c H0	OW INJURY	OCCURRED	ENTERNA	ATURE OF INJ	IURY IN ITEM	18 PART 1 OR		120 00			
N	SHE STA		NDERLYING DITTIBUTING		DEATH 8	P.M.	4/6	DAY YEA	6 su	bject	stabb	ed								
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10	F>><42	X N	HILE NO	WORK	xxx	alle		TC.)		r:105	l Cook	s La	ne, Ba			City	, MD	STATE		
	" M M " W "		220. I certify tha	t I taak charg	ge of the rem	nains de	ribed abo	ve, held on	Autop		Inspection		Inquiry		and in my	opinian				
	MIN HE FER		leath resulted fro	im: Natui	ral causes	11/	ccident	□, s	vícide	, Hamic	ide XX	Undeter	mined mo	onner _	].					
4	MAR WAR		TITLE (SPECIFY)											10.10						
	KELZE	Si	CTUAL GNATURE					Y	M	Assis	stant	MEDIC	CALEXAM	NINER	DAT	VED 4/	/9/8	750		
	TO MEDICAL EXAMINER EXECUTE THE CERTIFICAT PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTORS AFTER DEATH, WITH THE BALTIMORE, MARYLAND	EX	(AMINER'S NAM	E Grego	ory R.	Kau	Efmar	n,MD.		ADDRESS -	111 Pe	nnSt	reet	,Balt	imore	,MD	2120	1		
	PAT	23a. BURI	AL, CREMATION	REMOVAL 2	36. DATE		23c. 1	NAME OF CE				123d LOC								
07/B4	BP	( SPEC	Burial		4/14/8	36		King M	(enorial	Park			ndal	Istou		d Vinuty	ST	ATE		
25M	DHMH - 17	24 FUNI	ERAL DIRECTOR			ADDRESS					25e. DATE RE	C'D. BY	REGISTRA		GISTRAR'S		TURE			
	(VR A15 ME (5))		C Marci	1 F/H	West		4300	Wabas	h Ave	2.	APR 1	0 1	386	Filia	Davidse	小吊	miletic.			



Burial 19,1986 Meadowridge Mem. Park Md. April Elkridge Howard 24 FUNERAL DIRECTOR 256 REGISTRAR'S SIGNATURE INC. DHMH - 16 60M 7/B4 Glen Burnie, Maryland Singleton Funeral Home (VRA 15, 4)

23¢ NAME OF CEMETERY OR CREMATORY

S. Baltimore

75 HOUR

IF UNDER 24 H

126 KIND OF BUSINESS OR

B & O

21061

Mills

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

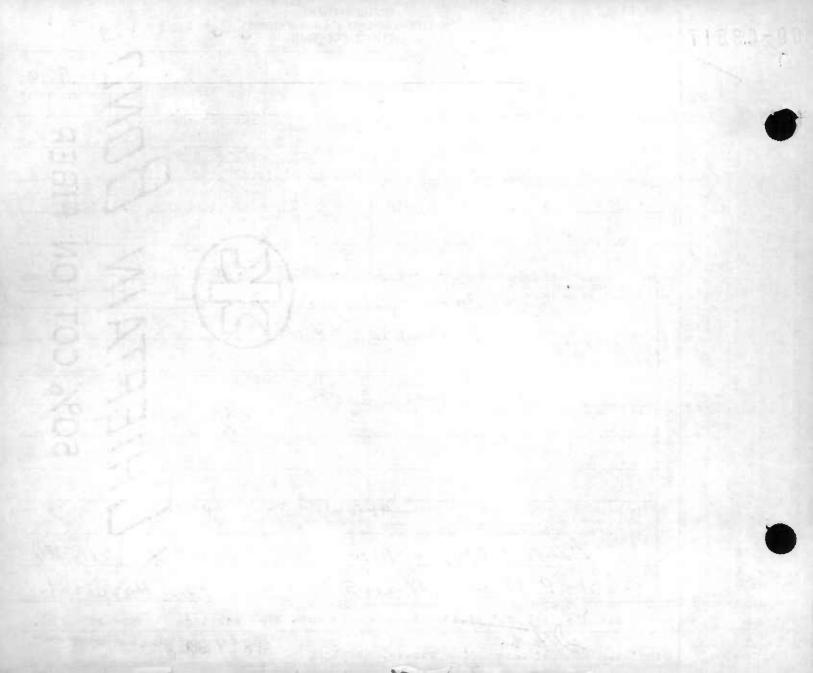
STATE

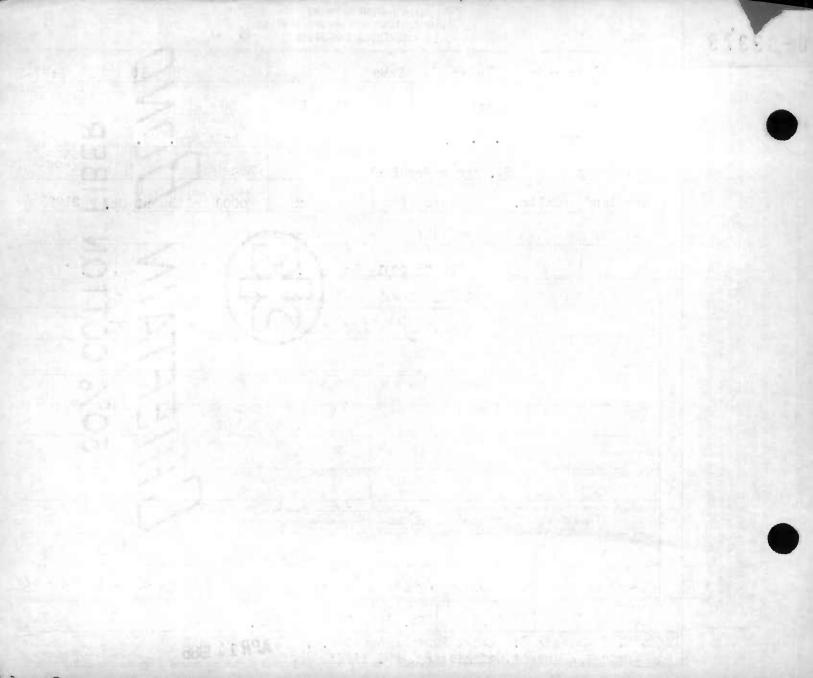
COUNTY

22c. DATE SIGNED

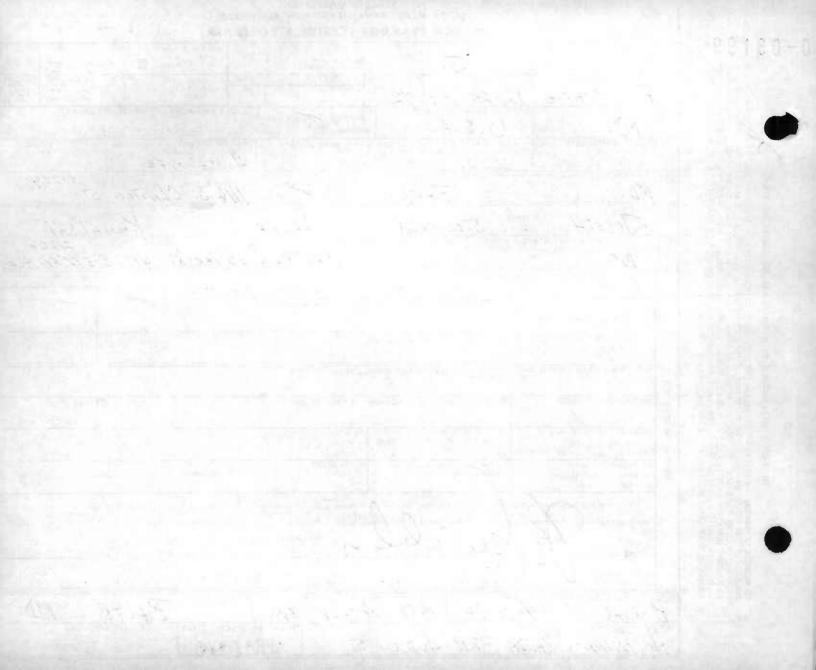
1986

INDUSTRY





									ARYLANI								
1		FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE									12 63	5					
			REGISTRAR		MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.									NO	dice .		
0 - 03	199		EASED NAME	FIRST	To the state of th							KNOWN		DAY	YEAR	2b. HOUR	
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	F ANY DELAY IS NECESSARY, PLEASE AND 3 TO THE FUNERAL DIRECTOR. RETAIN PAGE 5 FOR YOUR FILES, WITHIN 72 HOURS RECORDS, 301 WI PRESTON STREET,			SOPHIE		1.			LNING			DEATH	MATED	DX 4		86	M
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S	IS SEE SEE	10. CI	TY OR TOWN C	OF DEATH	11. NAME OF HOS			OR OTHE	RINSTITUTI	ION	120 USUA			TYPE OF WORK	12b. KIND	OF BUS	INESS
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5	OR ALL	13a S		13b. COUN	R OTHER INSTITUTION, GI		R TOWN		T3d. INSIDE CITY	r stimits	13e. STREE	TADDRE	55 - 1		2	122	4
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BALTIMORE,	DURS AFTER DEATH. IF 18. GIVE PAGES 1, 2, 3. WITH FORM PM 3. MIT. PAGES 1, AND 2, S 5. DIVISION OF VICE.	, ,	110	(4 163, 0146	WAR ON DATES!				MART	Has)	iFII	iFPS	W;	1/152	Fier	Mari	AIK
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28	EXECUTED NG IN PICAL EXAL SURIAL - 1 AND MEI WATION, (				(c)												
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0	EALTH AN	Z															
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3	SHOULD ORD "PE CHIEF A CHIEF A FE USED A TOF HE	5 5	170. DATE OF	DERATION	198. CONDI	ION FOR WE	IICH OPEKAI	ION WA	AS PERFURM	VED?					2D AUT	OPSY?	
= =	WORD WORD HE CHIE ENTOF	1	15 3/40												YES	VV	NO 🗌
DIVISION OF VITAL RECORDS,		CERTIFICATION	21a EXTERNAL		216. TIME OF			21c HO	W INJURY C	OCCURRED	(ENTER NA	TURE OF IN	JURY IN ITEM	18 PART 1 OR P	ART 2)	1	
2	SHEEFE TO	1 =	UNDERLYING	OR IG CAUSE OF E	HOUR A.M	MONTH D											
9	PARTIE STATE	5	214 INJURY OF			FINJURY	19	211 100	ATION								
<u> </u>	E. WRITING THE WANNER THE WANNER THE WANNER THE PAGE 3 SHOULD ESTATE DEPARTMENT OF THE PROPERTY OF THE PAGE TO BE AND THE PAGE THE PA	MEDICAL		NOT WHILE		OHI, FARM, ETC.)		211 LOC	REET			CITY OR TO	WN	C	OUNTY		STATE
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	E. THIS C FE, WRIT RWARD PAGE: STATE S, 21201			2223	11/	a us	904 IS		100								
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	¥E # C F ≥		death resulted	d from tyling	pel courses Att.	Accident	1) but	de 🔲 .	Homicid	de 🔲	Undeter	mined mo	nner	],			
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	\$ 500 E		ACTUAL	111	- /X/Le	re	we,	1	Chia					DATE	1	-5-86	6
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	ANDIC CUTE T SE 4 SP FUNER FUNER FINOR TIMOR	1	EXAMINER'S N	NAME / T	the El Cm-	lalek,	MD		7	III Do	nn C	+ 200	+ D	alt.,	MID	27	201
	EXECU EXECU PAGE TO FU AFTER BALTIN		(TYPE OR PRIN	T)	ohn E. Sm.	Later,	1/1.1/.	A	DDRESS	ттт ге	тиг о	oree	U, D	a10.,	TATTA •	27	COT
	TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR AFTER DEATH, WITH THE BALTIMORE, MARYLAI	23a.B	RIAL, CREMATI	ION, REMOVAL 2	36. DATE	23c. NA	ME OF CEME	FERY OR	CREMATOR	R.Y	23d. LOC	ATION		2	YTAL		4.1
07/84	BP	F	SCIAL		4-10-86	Ho	CY K	254	VV C	EM.	CITTOR	NWOI	K		Č.	14	D.
25M	Dr	24. FI	INERAL DIRECT	OR	, ,0 00		/		7 25	o. DATE RE	C'D. BY R	EGISTRA	R 25h RE	GISTRAR'S		F	
	DHMH - 17	1	NAME T	W.	ASA ADORESS	10 11	>4.	4			3 -	200	17				
	(VR A15 ME (5))	A	HIMAN	UN-OKA	RUA JUI	O XIU.	DSON	01.		APR	101	<b>396</b>	gis a	साराय प्रांत	North Could	A Die	
															-		



0-05644	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND CERTIFICATE OF	DEATH 8 0	1244
n 6-	1. DECEASED NAME FIRST	MIDDLE Thiman	REG. NO.  20 DATE OF DEATH MONTH	30 86 3:00 PM
se 4 moy br ctor. page	3. SEX Female	1 RACE S. DATE OF BIRTH  MONTH  DAY  1 TO 125	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
nerol dire	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND	76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER WIDOWED D	MARRIED 9 BALTIMORE CITY OR COIND	1.1
by the fu	Bathmore	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INS (JENOT IN SUCH FACILITY, GIVE STREET ADDRESS)  LOCI, HOSPITAL	TITUTION 120. USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORK HOUSEWIFE	(ING.LIFE) 12b. KIND OF BUSINESS OR INDUSTRY  AT HOME
BALTIMORE, MARYLAND 2120 core be executed within 24 hours ysicion and campletely filled in by opers. Pages on 2 should be fill wolf.  If the medical examiner must be in the hours of the fill have been the fill the medical examiner must be in the must be in the medical examiner must be in the	morgiane 18	OUNTY BOLLO YES [	NO XX 15 WALTEN	
MARYL mplerely of 2 si	MOSES	MIDDLE KOHN	S MAIDEN NAME FIRST ESTHER  MIDDLE	UNKNOWN
be execution and or rs. Pages	1 1 1 1 1 1 1 1 1 1 1 1 1 1	GIVE WAR OR DATES!	ODIOIDUI IIIIIUI	APT. 7 ALTO., MD 21208
	PART I. DEATH WAS CA	USED BY.  DIATE CAUSE (a) RESPIRATORY OF	rest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
NG PHYSICIAN: The law requires that the death certificate this certificate has been signed by the attending plant this certificate has been signed by the attending plant this certificate has been signed by the attending plant had mental Hygiene prior to burial, cremation, or remained mental Hygiene prior to burial, cremation, or remained or teal 18 shows any injury, are attraumatic events.	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUENCE OF		
requires trequires to signed or to burie		NT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED FOLLUTE.		
TAL RECC	19a DATE OF OPERATION  19a DATE OF OPERATION  25 00  21a. ACCIDENT WAS UNDERLYING	abdomined Mass	YES NO	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO
PHYSICIAN; Ti rending physici this certificate the buriol-transi and Mental Hygi dor Item 18 sh	OR CONTRIBUTING CAUSE O	FDEATH HOUR A.M. MONTH DAY YEAR	NJURY OCCURRED (ENTER NATURE OF INJURY IN ITI	EM 18 PART I OR PART 2)
DIVISION OF PHY or attendi After this e as the bu alth and M morked or	AT WORK AT WORK	AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.   STREE		COUNTY STATE
Spital CTOR: for us of Hero	saw the deceased aliv	ospital attended the deceosed from 19 , and that in (my day) view the body after death.	opinion death occurred on the date on	d have and from the couses stated
by the ho by the ho lERAL DIRE- Store Dept.	Marcus PHYSICIAN'S NAME	a D Wolf 20	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	1/120/01
TO HOSPITAL retained by the TO FUNERAL I should be deto with the State I MMPORTANT; If	MOTO A	VAL 1236 DATE 1236 NAME OF CEMETERY OR	CREMATORY 1234 LOCATION	Pring
ВР	(SPECIFY) BURIAL	MAY 2,1986   HAR SINAI	OWINGS MILLS	
DHMH - 16 50M 4/83 (VRA 15, 4)	6010 REISTERS	LEVINSON & BROS. INC. TOWN RD. BALTO. MD 21215	MAY 6 1986	EGISTRAR'S SIGNATURE

STATE OF MARYLAND

							FMARYLAND					
			FOR STATE				LTH AND MENTAL I		1	1 )	do his	
1-1	156562		REGISTRAR			XAMINER'	S CERTIFICATE C	OF DEATH	REG. NO.	1 laun		
			CEASED NAME	FIRST	MIDDLE		LAST	2a. DATE OF	ESTI-	MONTH DAY	YEAR	25 HOUR
	2000	1		RNER	-1		THOMAS	DEAT	H MATED	4 25	19 86	м
	PLEA ECTO R FILE HOUR STREE	3. SEX	4. RACE	5. DA	ATE OF BIRTH	6. AGE (IN YEARS		R 24 HRS. 2c. DA	- "	MONTH DAY	YEAR	24 HOUR
	ONS H	m	nlo C	1/2 3	-30-35	LAST BIRTHDAY)	ONTHS DAYS HOURS	MIN. PRONOL	JNCED A	4 25	19 86	8:18 A <sub>M</sub>
24	Stall Stall	Fn. 5	RTHPLACE (SIMILEON	7b. C	ITIZEN OF WHAT COUN	TDV2		9 BALTI	MORE CITY OR			XX.W
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	い。数据発音が入		TY OR TOWN OF DEATH	1 II. N	IAME OF HOSPITAL, NUF IF NOT IN SUCH FACILITY, GIVE ST	REET ADDRESS)		#DR MOST OF W	UPATION (TYPE OF	WORK 12b. KI	OR INDUSTRY	INESS
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	E 54459			ING HOME OR OTHER	R INSTITUTION, GIVE RESIDENCE	OR JOWN	13d INSIDE CITY LIMITS?	Itte STREET ADD	and I		4017	113
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	9 - 2002	14. F/	ATHER'S NAME		11		15. MOTHER'S MAID	DENNAME	U	//	1	
	# 5250EX		o horles	MIDD	16	NAST NAS	1-110	lisal	MIDDLE	1: 6.	IAS!	
	0 000 T	16a. V	VAS DECEASED EVER IN	U.S. ARMED F		IAL SECURITY NO	17. INFORMANT	1911	ADDRESS	1000	11500	1913
	S AFTER DEA GIVE PAGES ITH FORM I PAGES I AN	(Y	ES, NO, OR UNKNOWN)	IF YES, GIVE WAR OR	DATES)		In - had	N R	. 11		(4.2	141
	B. GIVE WITH WITH DIVISI		NOI				VINS MADE	lon DR	Adjord	810N	Mou	4/51
	5. V. W. E. D. E. D. E. D.		18 CAUSE OF DEATH PART I DEATH WAS	(Enter only one	couse per line for (o), (b)				/		APPROXIMATE IN	
	W. PRESTON ST., WITHIN 24 HOUI FENCIL IN 1TEM 18, MINER A PENMIT, FRANSIT PERMIT, FINTAL HYGIENE, FOR REMOVAL.			MMEDIATE CAL	U3E (0)	ure diso	rder					
	ST ALCA ANOVA				DUE TO, OR AS A CON	SEQUENCE OF						
	AAN.		Conditions, if on gave rise to in		* (b)					100		
	S. J. S.		cause (a) stating th		DUE TO, OR AS A CON	SEQUENCE OF					-	
	BIVISION OF VITAL RECORDS, 201 SCERTIFICATE SHOULD BE EXECUTED RITING THE WORD: "PENDING" IN PROPED TO THE CHIEF MEDICAL EXA RES 3 SHOULD BE USED AS A BURRAL." E DEPARTMENT OF HEALTH AND ME OF PRIOR TO BURRAL, CREMATION,		lying couse last.		(c)							
	PANIE ATI		PART 2 OTNER SIGNIFICANT C	ONDITIONS CONTRIE	BUTING TO DEATH BUT NOT RELAT	TED TO THE TERMINAL D	ISEASE OR CONDITION GIVEN IN P	ART 1 (a).				
	SA SEN	Z										
	L'CLEA MEN	CERTIFICATION	19a. DATE OF OPERATI	ION	19b. CONDITION FOR V	WHICH OPERATIO	N WAS PERFORMED?			20	AUTOPSY?	
	TAL SO SO S	SE SE			434					He	ead_On	ıly
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	O THE HOUSE	O O	UNDERLYING OR			DAY YEAR	C TIO W INTOKT OCCORR	ED TEINER INNIONE OF	NOOKT IIV IIEM TO FAK	TORPART 2)		
	SAR TO THE	Š	CONTRIBUTING CA		P.M. 21e PLACE OF INJURY	19	LOCATION					
	VIS CERT OF THE PERSON OF THE	MEDICAL	WHILE NOT W	HILE C	STREET, FACTORY, FARM, ET		STREET	CITY OR	OWN	COUNTY		STATE
	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOW E. WRITING THE WORD "PENDING" IN PENCIL IN ITEM 11 RWARDED TO THE CHIEF MEDICAL EXAMINER ALONG PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMI STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, 21201 PROR TO BURIAL, CREMATION, OR REMOVAL.		AT WORK AT WO	RK					AUGUST IN			
	PORY FORW ND, 3	10	22a. I certify that I to	aak charge of th	ne remains described aba	ve, held an A	ead only Inspection	an , Inquir	v and i	in my opinian		
	<b>₹</b> □		death resulted fram:	Natural cau	ses X Accident	Suicide		Undetermined		y opimon		
	CERTINO BUILD BUILD BUILE BUILE WATH		01	•	A 11/		TITLE (SPECIFY)	Onderer mined	,,			
	W. Y. D. C.		ACTUAL	04/200	megre	0	M.D. Assistan	t		DATE Z	4-25-8	16
	ZEE EE E	1	SIGNATURE		701		M.D. 110010 carr	MEDICAL EXA	MINER	SIGNED	1 23 0	-
	O MEDICAL EXAMINED THE CERTIFICATION OF A SHOULD BE OF EUNERAL DIRECTER DEATH, WITH ALTIMORE, MARYL		(TYPE OR PRINT)	Margari	ta A. Korel	1. M.D.	111	Penn St.	, Balto	. MD	21201	
	TO MEDI EXECUTE PAGE 4 PAFE DE BALTIMO	23a.B	(TITE OKT KINT)	10111121 01	75		ADDRESS				-/	
		230.B	CREMATION, REA	ZZ	29-8/7	T CEMETE	NY OR CREMATORY	23d. LOCATION CITYOR TOWN		COUNTY	444	4
	7/84 BP	24 5	UNERAL DIRECTOR	1/6	10011	111010		REC'D. BY REGISTI	ADDIES DECIST	DAD'S SAMA	7//	7,
	DHMH - 17	1	NAME OF O	1 0.	ADDRESS A A A	, ,, ,	Y D. MAY	6 1000	Fina Dem	San- Ass	A STATE OF	Na.
	(VR A15 ME (5))		oseph 1	L, KU	22977	NINON	n Hugh	0 200				*

F	TTem# 13e. G-6	.1/	TATE OF MARYLAND OF HEALTH AND MENTAL HYGIE	NE - 4	11216
0-05623	- STATE REGISTRAR		TIFICATE OF DEATH	8 6 REG. NO.	11249
a 60 c	. DECEASED NAME FIRST (TYPE OR PRINT)	WIDDLE		O. DATE OF DEATH	ONTH DAY YEAR 26 HOUR
d e e e e e		ELYN I. THOMPSO		105	4 27 86 205 PM
ge 4 mo ge 4 mo urs offer	Fem		ONTH DAY YEAR	AGE (IN YEARS LAST BIRTH	DAY) IF UNDER 1 YEAR IF UNDER 21 HRS MONTHS DATS HOURS MIN.  YRS.
nerol dis	O. BIRTHPLACE (STATE OR FOREIGN		RRIED NEVER MARRIED DIVORCED DIVORCED	BALTIMORE CITY OR	
ofter of	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HO. (IF NOT INSUCH FACILITY, GIVE STREET ADDRESS UNION MEMORIAL	ME OR OTHER INSTITUTION	20 USUAL OCCUPATIO	N 12h KIND OF BUSINESS OR INDUSTRY
10 2120	USUAL RESIDENCE (IF NURSING HOME O 130 STATE	R OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISS	134 INSIDE CITY LIMITS?	3. STREET ADDRESS 4	ZIP CODE
thin 2 short incerning	FATHER'S NAME		YES IN NO IN AME		-m ave -21216
MAR mple	Henry	Holland	( ) (acus	MIDDLE	LAST
MORE, and to Page 1		RMED FORCES? 16b SOCIAL SECURITY N	O. 17 INFORMANT	ADDRES	S
ST., BALTIMOR entiticate be exected applysicion and compagers. Page event, the medic		nly one couse per line for 10), (b), and ici is ED BY.  ITE CAUSE (a) Moturbuic	derangemen	nt	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
he death or me attendin mation, or r fraumatic	Conditions, if any, which	DUE TO, OR AS A CONSEQUENCE C	OF ,		
by the ose remo	gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF	OF The state of th		
tos, 20 squires to signed then ple to burion njury, ar		CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMIN	IAL DISEASE OR COND	ITION GIVEN IN PART 110
L RECORD The low requipment has been spermit. The permit. The pre prior to the power only injury to the properties of th	190. DATE OF OPERATION  NA  210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OPERA	ATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
OF VITAL CLAN The physicion rithficote h ool-fronsit p tital Hygien sm 18 shov			216. HOW INJURY OCCURRE		
NG PHYSICIA offending plants certificate this certificate the buriol-th os the buriol-th and Mental	OR CONTRIBUTING CAUSE OF DE  IFETHER NOTIFY MEDICAL EXAMINE  21d INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY	211 LOCATION	CITY OR TOW	N COUNTY STATE
S eal	220 I certify that (I) (this hasp sow the deceased alive o	n April 27 19 81		to April	e and hour and from the causes stated
to R ATTENI the hospital to DIRECTOR. toched for us to Dept. of He	above, (I) (we) (did) (did n 22b. SIGNATURE	of view the body after death.	DEGREE ATTENDING	MEDICAL STAFF	221 DATE SIGNED
HOSPITAL ned by th FUNERAL Jid be det of the Store	22d PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS	DIRECTOR PHYSICIA	1121100
O O O O O O O O O O O O O O O O O O O	CORA L			RIAL HOSPITA	AL .
BP	230. BURIAL, CREMATION, REMOVA	5-1-86 ST AME	CLU COMATORY	CITY OR TOWN	At COUNTY MISSIFE
DHMH - 16 60M 7/84 4 (VRA 15, 4)	aves 1. Powell	-1206 W. Mort	hare MAY	, ,	B. REGISTRAR'S SIGNATURE

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			PE OR PRINT)		DT And			miro»	(DOON)				KNOWN -				26. HOUR
	PLEASE FOLIS HOURS STREET,	_		MICHA		hony			MPSON				MATED	<b>4</b>		1,986	M
	FLEAS FOTOR FULES HOUR STREET	1. SE	1	RACE	5. DATE OF BIRTH	YEAR	6. AGE (IN YE LAST BIRTHD.	ARS IF UN	DER 1 YR.	HOURS	24 HRS.	20 DATE	NCED	HTMOM	DAY	YEAR	12 HOUR
mark.	N 2 C S S		Male	White	1 28	86	YI	rs. 2	7	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	25.0	DEAD		4	4	19 86	PM
	A SEED	₹o. B	IRTHPLACE (STA	TE OR	76. CITIZEN OF WH		TRY?	8. MARRI	ED   NEV	ER MARRI	IED X		ORE CITY	_		DEATH	
	HASSES OF		Mary Land		U.S.	A.		WIDOW	ED 🗆	DIVORC			timor				MD.
1	A STANDARY	0. C	ITY OR TOWN C	F DEATH	11. NAME OF HOSE	TITY GIVES	RSING HOME	, OR OTH	ER INSTITUT	ION	12a USI	JAL OCCU	PATION (T	YPE OF WORK	126 KI	ND OF BUS	SINESS
13		13	Baltim	- All	South B	altin	ore Ge	neral	l Hosp	ital		one	IKII4O EIFE)			ne	
5	- m = 0 00		AL RESIDENCE (I	F IN NUR IE O	R OTHER INSTITUTION, GIV		BEFORE ADMISSI		13d INSIDE CI	TV LIMITCO	IIIa STD	FET ADDRE					177
212	さる出り出		ryland	1111			timore		YES X	NO [	41	19 10	ris A	lve 2	1225	5	
, di	E NEW T	14. F.	ATHER'S NAME		MIDDLE		LAST		15. MOTHE	R'S MAIDE			IDDLE			1457	
2	SAN CONTRACTOR		Grant		L.		hompso	n	Ď	ebora	h	~	HODE		Ge	ttie	c
WO	SESSON Z	16a. \	WAS DECEASED	EVER IN U.S. ARA		16b. SOC	IAL SECURIT	/ NO.	17. INFORM	MANT			ADDRES	SS			
BALTIMORE	RS AFTER GIVE IN PAGE DIVISIO		No.	(IF YES, GIVE Y	WAR OR DATES)	No	ne		Gran	t L.	Thom	pson		Same	as	13e	
13	WITH WITH DIVIS	-	18 CAUSE OF	DEATH (Enter anl	y ane cause per line	far (a), (b)	, and (c).)					1 73			IA	PPROXIMATE	INTERVAL
PRESTON ST	TEM 18 LONG V PERMIT SIENE, I		PARTIDEA	TH WAS CAUSED	E CAUSE (a)		len Inf	ant 1	Death	Synd	rome				1001	WEEN ONSET	AND DEATH
01				MATERIAL	DUE TO, OR												
N N N	WITHIN 2 NCIL IN II INER ALC RANSIT P ITAL HYG R REMOV	1		, if any, which	(b)												
3	ED WITH		cause (a) s	ta immediate	DUE TO, OR	AS A CON	SEQUENCE	OF.							_		
201	BASSA		lying cause	e last.	(c)										1		
DS	ANE ANE	10	PART 2 OTHER SIGN	NIFICANT CONDITIONS (	CONTRIBUTING TO GEATH I	UT NOT RELA	TEO TO THE TERM	INAL DISEASE	OR CONDITION	GIVEN IN PA	RT 1 (a)						
Ö	D BE EKECUTE PENDING IN MEDICAL EXA AS A BURIAL EALTH AND CREMATION	Z	1														
DIVISION OF VITAL RECORDS.		CERTIFICATION	190. DATE OF C	DPERATION	19h CONDIT	ION FOR	WHICH OPER	ATION W	AS PERFOR	MED?					20 /	AUTOPSY?	
IA	SHOUL ORD "F CHIEF CHIEF CHIEF TOF H UNRIAL,	1 1 1	TATE!													YES 🔽	NO 🗆
, r	ATE S FE WC THE C ILD BE WENT TO BU	1 1	210 EXTERNAL		21b. TIME OF			21c. HC	OW INJURY	OCCURRE	D (ENTER	NATURE OF IN.	JURY IN ITEM 1	8 PART 1 OR P		- X	
N	G THE G THE HOULI		UNDERLYING	☐ OR G☐ CAUSE OF D		MONTH	DAY YEAR										
ISIO	CERTIFING DED TO DEPAID DEPAID	MEDICAL	214 INTUIDY OF	CLIPPED	21e. PLACE C	FINJURY	(AT HOME,		CATION								
50	IS CHILLIS CHI	X	WHILE AT WORK	NOT WHILE	STREET, FACTO	DRY, FARM, E	rc)	5	TREET			CITY OR TO	WN	C	OUNTY		STATE
	NER: THIS CERTI CATE, WRITING FORWARDED T FOR: PAGE 3 SH THE STATE DEPA AND, 21201 PRIC				//				T	100							
100	L EXAMINER: T E CERTIFICATE, OULD BE FORW IL DIRECTOR: P H, WITH THE ST MARYLAND, 2			1	pol tipl remains best		ve, held an	Autaps		Inspection		Inquiry		and in my o	pinian		
	ME HE HE		death resulted	Yorn Whim	of cours de.	Accident	77/	goe L	, Homic	ide 🔲 ,	Undet	ermined mo	anner				
	X 2 2 2 2 3 8		ACTUAL	AK	MI	1	114		TITLE (SF					DATE	,	E 06	
	SHAN HAN		SIGNATURE_	11/	1000			7,M.	.D. Chi	et	MED	ICAL EXAM	AINER	SIGN	ED 4	-5-86	
	AED CUNE R DE	-	EXAMINER'S N	IANE / 30	nn E. Smi	alek	MD.			ווו	Penn	St.	Balt	. м	).	212	01
	TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PAGE 4 SHOULD BE F TO FUNERAL DIRECTO AFTER DEATH, WITH IT BALTIMORE, MARYLAN	73a B	(TYPE OR PRIN				IAME OF CE/		ADDRESS_			CATION		,			
07.12		(	SPECIFY) Buri	al	4/8/86		edar H					altim	ore		A.A.	STA	
07/84 25M	BP		UNERAL DIRECT	ÓR .						-							
	DHMH - 17 (VR A15 ME (5))	Ge	orge J.	Gonce	4001 Rite	chie	Hgwy I	alto	Md	AP	ROS	1986	Juna	David	301-1	ure	
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## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	Ö REG. N	10.	CAMPATA .	To Control	2	ling	8
TE OE	DEATH	MONTH	DAY	VEA	0 0	L LLOUID	

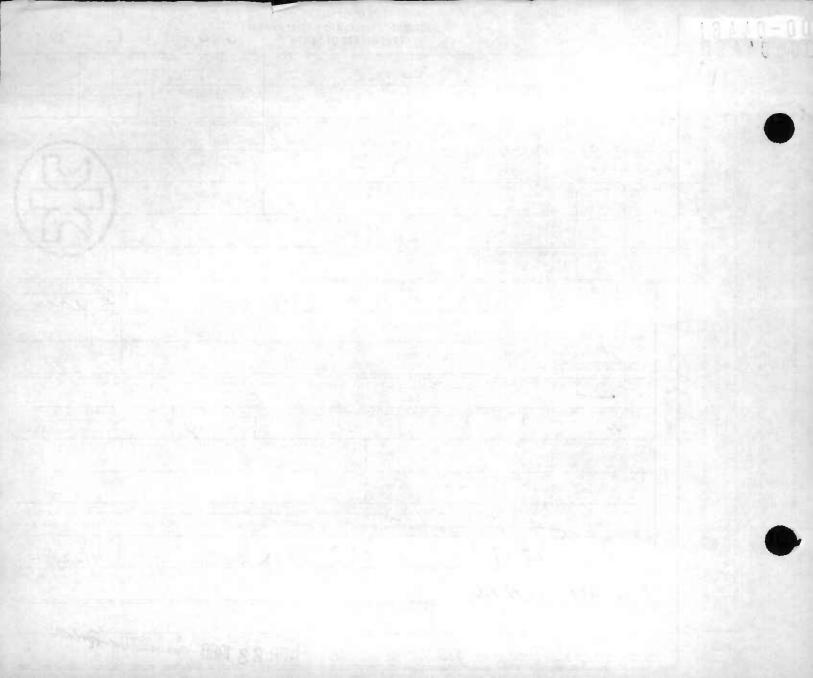
1	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.	
	CEASED NAME FIRST		WIDDIE I	AST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
(TIPE	ORPRINT	ANAGO	TTO F. TI	HRIFT	4-29-86	
3. SEX	X	4. RACE	S. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
1	Female	I WI	nite 5	9 1936	49 YRS	MONTHS DAYS HOURS MIN.
	IRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY? 8	D X NEVER MARRIED	BALTIMORE CITY OR COUN	
7	country)	U.S.A.			Baltimore City	J M
	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSING HOME C		12a. USUAL OCCUPATION	12b. KIND OF BUSINESS OF
Ba	ltimore /		amaritan Hospi	tal	(TYPE OF WORK FOR MOST OF WORKING  Bank Teller	Equitable
130 S	AL RESIDENCE (IF NURSING HOME STATE 136 CO	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE ADMISSION)		13e.STREET ADDRESS / ZIP CO	
		timore	Middle River	13d. INSIDE CITY LIMITS?  YES NO 🔀	2123 Cockspur	
III. FA	ATHER'S NAME			15. MOTHER'S MAIDEN NAM	AE	
Ita	alo	G.	Spessato	Agnes	MIDDLE	Kizman
	WAS DECEASED EVER IN U.S.		166 SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	
No		GIVE WAR OR DATES)	219-32-6016	William H. T	hrift, Jr.	Same as 13e
	18. CAUSE OF DEATH (Enter	only one couse per	line for (a), (b), and (c)	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAU	SED BY: ATE CAUSE (a)		mest		35 min
	WWW.ED		R AS A CONSEQUENCE OF			
	Canditions, if any, which	(b)	20812			6 days
	gove rise to immediate cause (a), stating the	DUETO	R AS CONSEQUENCE OF	ARECONE LA		1 10
	underlying couse last.	167	gargnere			6 days
	PART 2 OTHER SIGNIFICAN	T CONDITIONS C	THE HTARD OF SMITHBURNO	NOT RELATED TO THE TERM	NAL DISEASE OR CONDITION C	IVEN IN PART THE MT
_ é	Dystemic by	ous, and	stage keral b	V20-20	vary Artery &	veax, 17 1112
CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION OR WHICH OPERATIO	N WAS PERFORMED	20 AUTOPSY? 20b. IF Y	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
_	4/28/86	young	more (b) Leg		YES NO	YES NO
U	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO CAUSE OF D	NOUS I	M. MONTH DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18	B PART I OR PART 2)
Z V	IF EITHER NOTIFY MEDICAL EXAMIN		M. 19			
MED	21d INJURY OCCURRED	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION	CITY OR TOWN	COUNTY STATE
	AT WORK NOT WHILE AT WORK		1	100 81	1/20	0/
		dt babaattal latia	and coased from a a	00 100		10000
	22a I certify that this has	phonounended in		7	, Ta	, 19, that (I) we) to
	sow the deceased live of abave, (I) we) (did) (did	on 4	after death.		teath accurred on the date and h	aur and from the causes stated
	sow the deceased live of	on 4	after death.	DEGREE		aur and from the causes stated
	sow the deceased live of abave, (I) we) (did) (did	on 4	after death.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	220, DATE SIGNED 4/29/86.
	sow the deceased live of abave, (I) we) (did) (did	on 4	after death.	DEGREE  ATTENDING PHYSICIAN  220. ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED 4/29/86.
	sow the decessary live opposed live wilded did did 22b signature  Treduction  22d PHYSICIAN'S NAME 2'vy  Tredel	lehart,	offer deoth.  II MD  urt III MD	ATTENDING PHYSICIAN [220. ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED 4/29/86.
23a. B(	sow the deceased live of abave, (I) we) (did) (did	lehart,	offer deoth.  II MD  urt III MD	DEGREE  ATTENDING PHYSICIAN  220. ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED 4/29/86.
Bui	sow the decessate live obave (I) we did id	lehart,  ORPRINI  ORPRINI  JOHN  AL CONDATE  5/2/1	aiter death.  III MD  173c NAME OF C  986  Oak Law	ATTENDING PHYSICIAN [220- ADDRESS ADDRESS EMETERY OR CREMATORY TO COMPANY TO	MEDICAL STAFF DIRECTOR PHYSICIAN  AND HOSP, BA	122 DATE SIGNED 4/29/86.  LTUNORE MD 212  COUNTY STATE  Maryland

DHMH - 16 60M 7/ (VRA 15, 4)

FOR

Dundalk, Maryland

STATE OF MARYLAND



- STATE REGISTRAR DECEASED NAME

TYPE OR PRINT)

ISAAC

DEPARTM	STATE OF MARYLAND NENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	GIENE S G NO.	1 2	1.00
WIDDLE	TOCKÉR XXXXXXXX	20. DATE OF DEATH MONTH	3 86	2b. H
	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATS	IF UN
AUCASIAN	APRIL 18, 1901	84 YRS.	MONTHS DATS	HOU
ZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH	
J.S.A.	WIDOWED DIVORCED	BALTIMORE CI	TY	
ME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING L	IZE KIND O INDUSTRY	F BUS
AI HOSPITAL		ACCOUNTANT	MUSKIN	SI
STITUTION GIVE RESIDENCE BEFORE 134. CITY OR TOWN	N 13d. INSIDE CITY LIMITS?	130.STREET ADDRESS / ZIP COD		20
	15. MOTHER'S MAIDEN NA	ME		

3. SEX 4 RACE MALE To. BIRTHPLACE I STATE OF FOREIGN 7b CITI COUNTRY MARYLAND IO CITY OR TOWN OF DEATH 11. NA INESS OR (IF ) BALTO IOF CO USUAL RESIDENCE (IF NURSING HOME OR OTHER IN 130. STATE 13b COUNTY MARYLAND 4 FATHER'S NAME MIDDLE TOCKER UNKNOUT BROOKLYN, N.Y. 11230 166 SOCIAL SECURITY NO 17 INFORMAN 160 WAS DECEASED EVER IN U.S. ARMED FORCES? MRS. ARLENE STEIN 829 E. 10th ST., APT. 5D 213-03-6295 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY Zhrs Zimun IMMEDIATE CAUSE Conditions, if ony, which gove rise to immediate couse (a), stating Cardovascular Disease underlying couse CERTIFICATION 206 IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES NO [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 71a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 211. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY COUNTY STATE CITY OR TOWN AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated DEGREE HOUSE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN DA 22e ADDRESS

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

00

or He

MPORTANT

SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD, BALTO, MD 21215

23b. DATE

4/14/86

230 BURIAL, CREMATION, REMOVAL

BURTAL

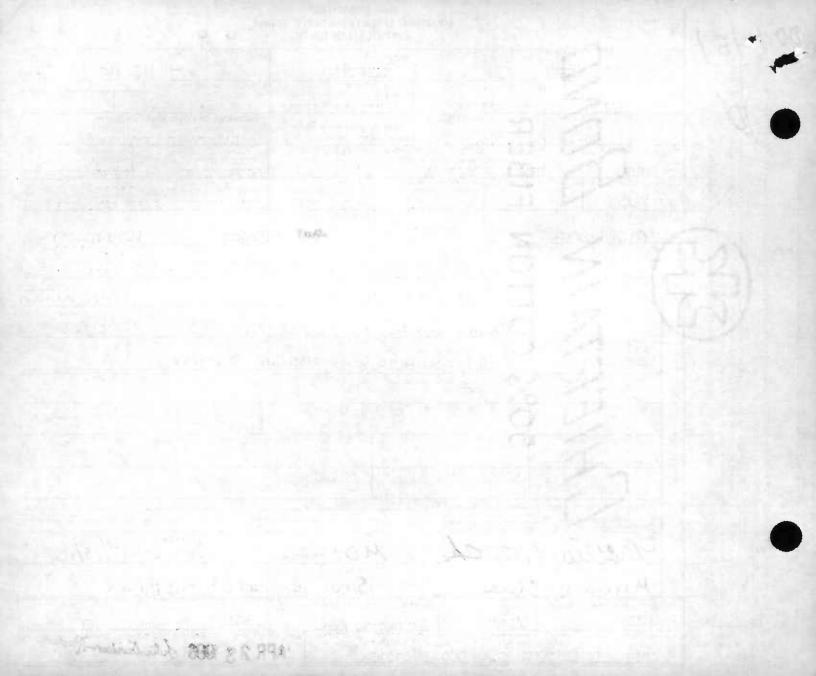
24 FUNERAL DIRECTOR

ARLINGTON CEM

23¢ NAME OF CEMETERY OR CREMATORY

CITY OR TOWN BALTO

STATE MD



SI	TATE	OF	MARY	LAND

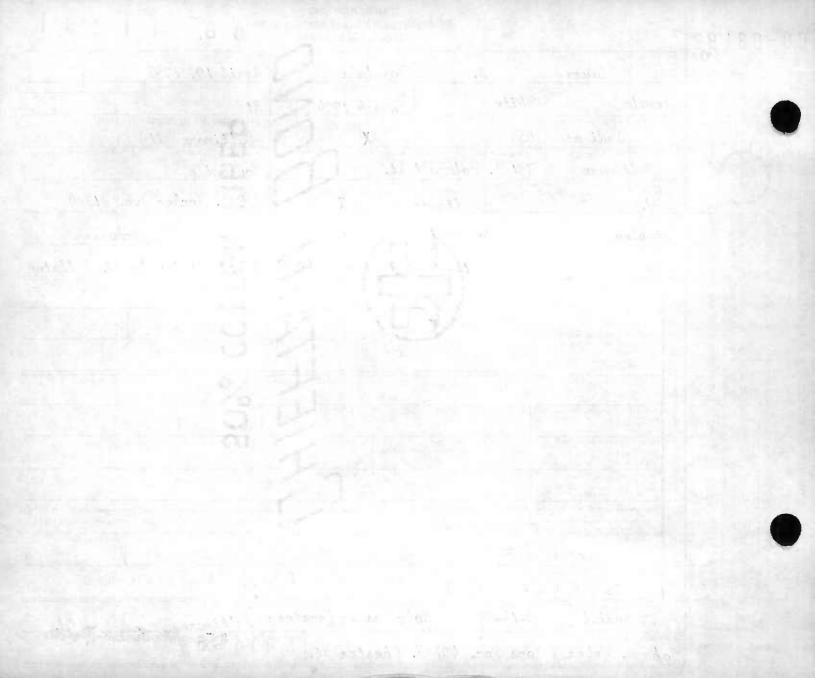
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	0	- 1
	REG. NO.	

03429	1.	FOR STATE REGISTRAR	DE	PARTMENT OF H	EALTH AND MENTAL HYD ICATE OF DEATH	IENE 8 6	10.	251
m + 10		CEASED NAME FIRST	MIDDLE	t.	AST	20. DATE OF DEATH		YEAR 2b. HOUR
deoth deoth		Laura	М.		lski	April 10,		
meter. p	3. SE	emule	White	5. DATE O	DAY YEAR	6 AGE (IN YEARS LAST BIR	YRS IF UNE	DER I YEAR IF UNDER 24 HRS
52		RTHPLACE (STATE OR FOREIGN COUNTRY) Indiana	76 CITIZEN OF WHAT COU	MARRIEI WIDOWE	V	Baltimore City of		<b>DEATH</b>
No	10 C	Baltimo re	11. NAME OF HOSPITAL, N 15/ S. FOLC		R OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O Housewife	ION 121	b. KIND OF BUSINESS OF IDUSTRY
12	130	AL RESIDENCE (IF NURSING HOME OF ATTE 136 COU	NTY 13c CITY O	E BEFORE ADMISSION) R TOWN imore	13d INSIDE CITY LIMITS?	13 STREET ADDRESS	ZIP CODE	21224
Contraction of the second seco		tephen	Rozansi	ei.	15 MOTHER'S MAIDEN NA FIRST	WE	Jack	kowiak
deal deal	16a \	VAS DECEASED EVER IN U.S. AI	RMED FORCES? 166 SOCIA	L SECURITY NO.	17 INFORMANT	ADDR	ESS	
- Po		YES NO OR UNKNOWN) (IF YES GI	212-0	09-5123	James Jonal	ki 2132 Be	llevale 1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ed by the attending please remove carbo urial, cremation, or re, or ather troumatic e		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CON  (b)  DUE TO, OR AS A CON  (c)  CONDITIONS CONTRIBUTION	A. S. H	D,	IINAL DISEASE OF CON	IDITION CIVEN IN	I PART 1:a
s been sign ermit. Then e prior to bis s ony injury	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR V			200 AUTOPSY?	20b. IF YES, WEF	RE FINDINGS USED CAUSES OF DEATH?
rificate has al-transit per tal Hygiene m 18 shaws		21a. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING ] CAUSE OF DE	Ain	H DAY YEAR	21c HOW INJURY OCCUR	YES NO	YES	NO  DR PART 2)
s the burial- ond Mento	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE  21d, INJURY OCCURRED  WHILE NOT WHILE AT WORK	P.M.  21e PLACE OF INJURY (AT HOME STREET, FACTORY,	OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TO	Own C	OUNIY STATE
TOR: At for use o of Health		22a.1 certify that (1) (this hasp saw the deceased alive at abave. (1) (we) (did) (did no	not; view the body ofter death.		d that in (my) (aur) apinian	, ta death accurred an the d	ate and hour and	from the causes stated
AL DIREC detached ote Dept. IT: If Item		22b. SIGNATURE	26		DEGREE ATTENDING PHYSICIAN [	MEDICAL STA	FF _	22c. DATE SIGNED
should be det with the State		22d, PHYSICIAN'S NAME (TYPE	ERN M.D	,	6914 R;	dge Rd	,	
F * 3 &	23a I	BURIAL, CREMATION, REMOVAL	236 DATE 4-14-86	Holy Ro	EMETERY OR CREMATORY	23d LOCATION  BOLL TOWN	cou	NTY STATE

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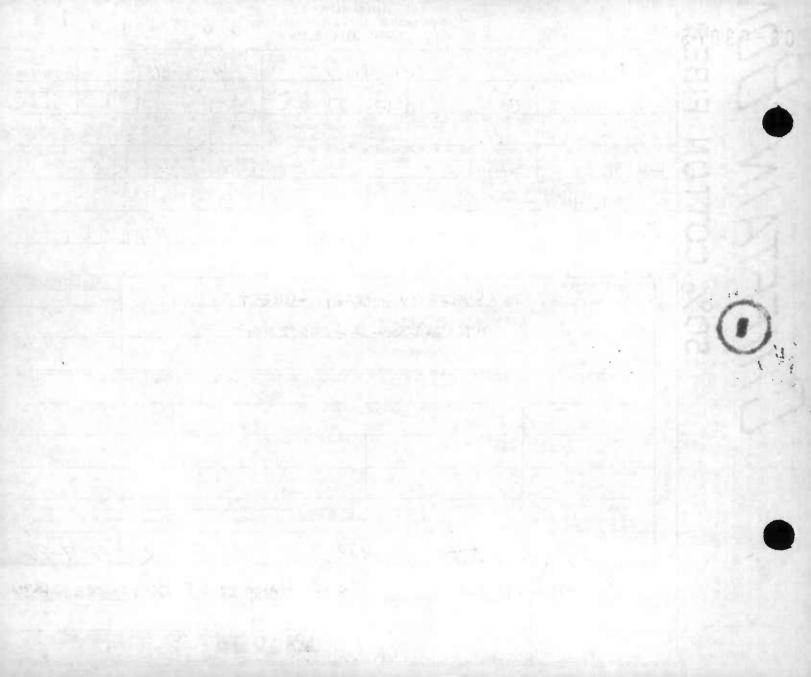
John M. Weber & Sons Inc. 489 555. (hester St.

Holy Rosary Cemetery Baltimore Mindow And St. Chesten St. APRIL 4 986 ARGING Mindows And APRIL 4 986



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				CEASED NAME FIRST		MIDDLE		ASI	20 DATE OF DEATH MONTH	H DAY YEAR	26 HOUR
	poge 3		(1177	Louis		1	2RC	hin	4-2-81	0	10944 M
	poo er de		3 SE		4 RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)		
	tor,			m	0		MONTH 12	19 2 E	157	MONTHS DAYS	S HOURS MIN.
	Pog	6	7a. B	RTHPLACE (STATE OR FOREIGN	75 CITIZEN O	F WHAT COUNTRY?	8.		9. BALTIMORE CITY OR CO	UNTY OF DEATH	
	oth. 72 h	once		COUNTRY)				NEVER MARRIED	C:+11	0,7:	7 5
200	her dec	10 p	10. C	New York	U.S		WIDOWE	DIVORCED TO DIVORC	120 USUAL OCCUPATION	12h KIND	OF BUSINESS OR
201	by the	3/3	E	SALTO AL RESIDENCE (IF NURSING HOME	SBG	UCH FACILITY, GIVE STREET	ADDRESS)		TYPE OF WORK FOR MOST OF WORK	KING LIFE) INDUSTR'	Y
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	filled ould b	35	130.	STATE Md.		130 CITY OR TOW Balto.		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP 1213 Light		230.
SYL)	orthing stely 2 sh	u.u.e	14. F/	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	MIDDLE	19 10 5	ACY
WA	mple and	ろいろ		PABINO	modit	Torchi	.0	FRANCIS	n mobile	MARCOL	Ĵ
ж, m,	d co	edicol		VAS DECEASED EVER IN U.S.		166 SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDRESS		
W	n ond Poges	med		yes, no or unknown) (IF yes, (	IVE WAR OR DATES)	064-22-	9065				
ALT	or bear	the the		18 CAUSE OF DEATH (Enter	anly ane cause p					APPRO	DXIMATE INTERVAL N ONSET AND DEATH
E .	100	vent		PART I. DEATH WAS CAUS	SEĎ BY: ATE CAUSE (a)_	CARDIOF		DRARY ARRI	EST		
S N		tic e		IMMEDI				TO A	14.0		
STO	1	o iii		Canditians, if ony, which	DUE TO,	19470PM	TAL	INFARCT I	500		
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3	1 51	other		underlying cause last		OR AS A CONSEOU	ENCE OF				
201	£ \$4	10.7		PART 2. OTHER SIGNIFICAN	CONDITIONS (	CONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITIO	N GIVEN IN PART	110
SDS,	Page 1	njory.	Z								
0	bear w		CERTIFICATION	190 DATE OF OPERATION	196 CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?   206.	IF YES, WERE FIND	INGS USED
T RE	hos per	ows ony	FE						YES T NOT	CERTIFYING CAUSE YES []	ES OF DEATH?
/ITA			CER	210. ACCIDENT WAS UNDERLYING		OF INJURY		21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN IT		
PF.	og physici rentificate			OR CONTRIBUTING CAUSE OF E		A.M. MONTH DA	AY YEAR				
Z	PHYSICI ending p this cert the burial	Mer Mer	MEDICAL	21d. INJURY OCCURRED		E OF INJURY	19	211 LOCATION			
VISI	G Pr offen er th the	morked or Item	ME	WHILE NOT WHILE	(AT HOME, S	STREET, FACTORY, OFFICE, F	ARM, ETC )	STREET	CITY OR TOWN	COUNTY	STATE
0	O O O	H OE		22a. I certify that (I) (this hos	nital) ottended t	the deceased from			to	. 19	, that (1) (we) fast
	TEN TOR	S I S		saw the deceased alive of	n	19	, ar		death accurred an the date an		
	OR ATTEN e hospital DIRECTOR	E E		abave, (1) (we) (did) (did) 22b. SIGNATURE	iat) view the bad	ly after death		DEGREE			TE SIGNED
	1 t 1 t	with the Stote Dept.		Lopen	XXX	allo	n	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	x 4.	-4-86
	HOSPITAL ined by th FUNERAL ould be dete	RTA		22d PHYSICIANS TAME	OR PRINTI			22e ADDRESS			
	retained TO FUNE	APO -		NADHN	D. IN:	OTUE		30013. HA	NOVERST B	ALTIMOR	E 21330
	1 2	> 5	23n. E	SURIAL, CREMATION, REMOVA			NAME OF C	EMETERY OR CREMATORY	23d LOCATION	COUNTY	STATE
	BP			Removal	4-	4-86			C.I. OK TOWN	COUNT	STATE
r	DHMH - 16 60	M 7/84	24 FI	JNERAL DIRECTOR		ADDRESS		AD25 9A	TE RECID BY REGISTRAR 256. R		ATURE
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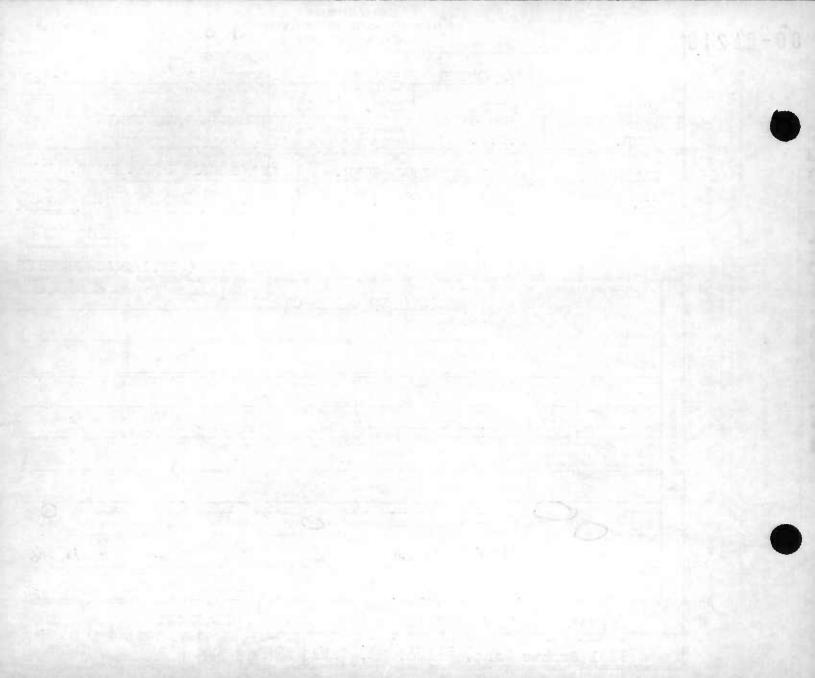
STATE OF MARYLAND



1/8	1-	FOR STATE REGISTRAR		TMENT OF F	E OF MARYLAND  IEALTH AND MENTAL HYG  ICATE OF DEATH	Ö Ö REC	G. NO.	12	5 3
10		CEASED NAME FIRST	WIDDLE			2a. DATE OF DEAT		DAY YEAR	26 HOUR
0	2 051		DOLPH JULIUS		ABING	APRIL 1			12:05P
	3 SEX		4. RACE	5. DATE (		6. AGE (IN YEARS LAS	ST BIRTHDAY)	MONTHS DAYS	HOURS MIN.
		MALE	WHITE		7. 4 <sup>DAY</sup> 1900	85	YRS.		
\$7	7a Bi	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIE	D NEVER MARRIED	9 BALTIMORE CIT	Y OR COUNTY	OFDEATH	
) 		MD.	U.S.A.	WIDOWI			IMORE		MD.
136	В	ALTIMORE	111. NAME OF HOSPITAL, NURS  (IF NOT IN SUCH FACILITY, GIVE STRE  CHURCH HOSP]	TAL (	_	120 USUAL OCCUP (TYPE OF WORK FOR MI IQUOR BOA		T BAL	O. CITY
10	13a S	MD.	OR OTHER INSTITUTION GIVE RESIDENCE BEFO UNTY 134 CITY OR TO BALTIMO	WN	YES X NO	13e.STREET ADDRE			E. 2122
	14 FA	THER'S NAME FIRST  GEORGE	TRABING		15. MOTHER'S MAIDEN NA MARTHA		LE	UN.	ŔNOWN
medical		AS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SEC	URITY NO.	17. INFORMANT		DDRESS		
event, the med		YES	1924 217-32	2-7559	MILDRED '	TRABING	(WIFE)	SAME	ADDRESS
ury, or other traumotic	7	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICAN	DUE TO, OR AS A CONSEO  (b)  DUE TO, OR AS A CONSEO  (c)  T CONDITIONS CONTRIBUTING TO	UENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR C	ONDITION GIV	EN IN PART 1	10
ini any ini	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?		S, WERE FINDS	
hows	RTIF	MARCH 29:19		OF CO	LON	YES \ NO	] YE	S 🗌	NO [
ltem 18 s		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I	DEATH HOUR A.M. MONTH	DAY YEAR	31¢ HOW INJURY OCCUR	RED (ENTER NATURE OF	INJURY IN ITEM 18	PARI 1 OR PARI 2)	
morkedar	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC )	211 LOCATION STREET	CITY	OR TOWN	COUNTY	STATE
n 21 is		sow the deceased alive above, (II) we) (did) (did	on APRIL 15, 19 not) view the body after death.	86, a	nd that in (my) Corpopinion	6 , to APRII death accurred on th	15, ne dote and hou		couses stoted
NT. #		226. SIGNATURE	J. Helon, M	.D		MEDICAL DIRECTOR PH	STAFF YSICIAN		-15-86
IMPORTANT: I		22d PHYSICIAN'S NAME (17P		. D.	BROADWAY	CH HOSPI BALTIMO		ON OO	
≤		URIAL, CREMATION, REMOVA	AL 23b. DATE 23c	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION			
1.7	1	DIIDIAT	1/10/06 6	ACRED	HEART JESH	SPATIT	MORE	COUNTY	STATE

<sup>24</sup> FUNERAL HOME, INC. 3331 Brehms Lane, Balto. Md. 21213

DHMH - 16 60M 7/B4 (VRA 15, 4)



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

-	Z	5	4

0-05266	1.	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8	REG. NO.	1 2	5 4
		CEASED NAME F	IR5T		MIDDLE	ı	AST	20 DATE OF D	EATH MONTH	DAY YEAR	2b. HOUR
page 3		REN	NA	S		TRALI	NS	Sunday	April 2	27,1986	12:25Pul
may,	2 SE	(	4 RA	CE		5. DATE C		6 AGE IN YEAR	S LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
ge 4		Fema1e	1	Whit	е	Sept	22,1914	71	YR		MIN.
Po di		RTHPLACE (STATE OR FORE			WHAT COUNTRY?	8 MARRIE	X NEVER MARRIED		CITY OR COU	NTY OF DEATH	
Janer Duner		altimore, Mo		USA		WIDOWE		Baltimo	re ,Md		MD.
he fu	10 C	TY OR TOWN OF DEATH			HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OC	CUPATION OR MOST OF WORKIN	G LIFE) INDUSTRY	OF BUSINESS OR
by the filed wi		altimore		33	02 Claran	Rd	(21215)	Housew			ome
4 hau ed in Id be		AL RESIDENCE (IF NURSING	HOME OR OTHER	INSTITUTION	GIVE RESIDENCE BEFORE		113d. INSIDE CITY LIMITS?	13e.STREET AD	DRESS / ZIP CO	ODE	
fille rould		ARYLAND S			BALTIMO	DRE	YES X NO	3302 C	LARAN R		215
withii etely 3 2 sk	14 F/	THER'S NAME	MIDDLE		LAST		15 MOTHER'S MAIDEN NAM		MIDDLE	LA!	ST
on participation of the second	1	Gustov		So1	1od		Mo11			Paymen	
dica dica		VAS DECEASED EVER IN	U.S. ARMED I		166 SOCIAL SECU	RITY NO.	17 INFORMANT M	R. JULI	USDRIKAL	INS	
n and Page		0	TES, ONE WAR	OK DATES;	212-09-3	1583	3302 CLARAN	RD	BALTO.	, MD	21215
equires, that the 'death n signed by the attend Then please remove ca r ta bural, cremation, a injury, ar ather trauman	NOI	Canditions, if any, w gave rise to immed cause (a), stating underlying cause	hich liate the last	(c)	IR AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM	INAL DISEASE (	dr condition	GIVEN IN PART I	a
The law rate has been sit permit.	CERTIFICATION	19a DATE OF OPERATIO	N	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPS		YES, WERE FIND! RTIFYING CAUSES YES []	
SICIAN: The land physician.  Gentificate has rial-transit per ental Hygiene ental Hygiene ltem 18 shaws		21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (IF EITHER NOTIFY MEDICALS	SE OF DEATH		DF INJURY .M. MONTH DA M.	AY YEAR	21c. HOW INJURY OCCURR	RED (ENTERNATUR	RE OF INJURY IN ITEM	18 PART I OR PART 2)	
NG PHYS attending office this of the solution	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	2	le. PLACE	OF INJURY REET, FACTORY, OFFICE, F		21f LOCATION STREET		CITY OR TOWN	COUNTY	STATE
OR ATTENDI or haspital ar DIRECTOR: A ached far use Dept. af Heal		22a. I certify that (1) (the saw the deceased abave, (1) (we) (did) 22b. SIGNATURE	is haspital) a alive an (did nat) viev	w the body	19		DEGREE  ATTENDING PHYSICIAN  122e ADDRESS	MEDICAL	STAFF PHYSICIAN		
TO HOSPITAL retained by th TO FUNERAL should be deter with the Store IMPORTANT:	22- 5	STEPI	ten.	N.	6cASI		1777 Re	elevel	Den Re	el. 212	08.
	230. 1	URIAL, CREMATION, REA	No. of Land	. DATE			EMETERY OR CREMATORY	23d LOCATI	TOWN	COUNTY	STATE
BP	24 FI	BURIAL DIRECTOR C	OL LEW	PRIL	29/1986	BALTI	MORE HERREW		TIMORE	MARY ISTRAR'S SIGNAT	
DHMH - 16 60M 7/84 (VRA 15, 4)		NAME S			RALTO		21215 AF	R301	986	NOTRAK 3 SIGNAT	ONE

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	-	+ -
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	AL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death Page the haspital or attending physician.	AL DIRECTOR: After this certificate has been signed by the attending physician and campillaby filled in by the threefolds are defeated for use as the burial-transit permit. Then please remove corbanapapers. Pages
	204	RE
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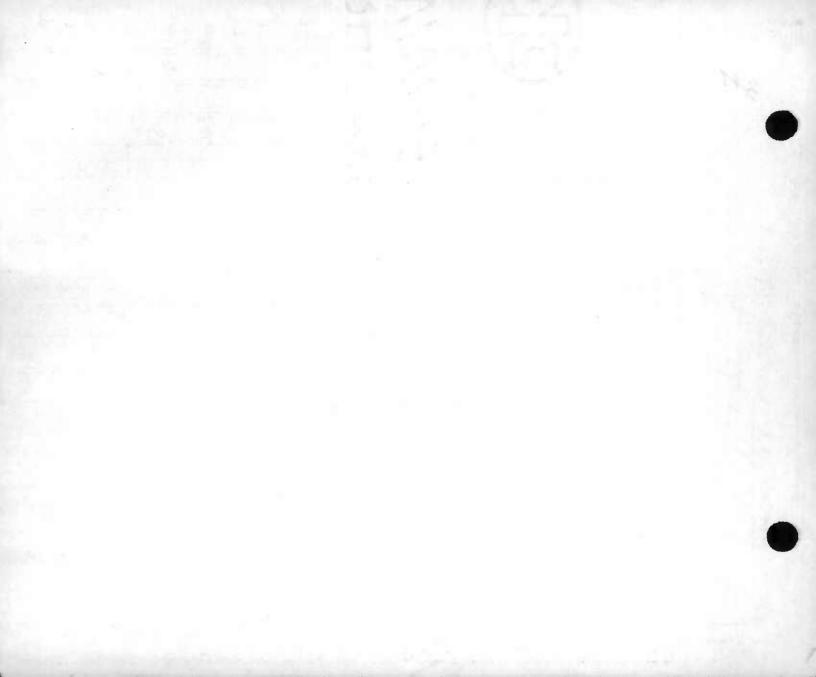
0-03422		FOR STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG, NO		2 5 5
24 hours ofter death Page 4 may be liked us by the choice alrection page 3 must be relief as the receipt of the	3. SE	REMALE  RELIPLACE (STATE OR FOREIGN 76.	OF OUR STREET	ADMISSION) N 13d. INSIDE CITY LIMITS?	20. DATE OF DEATH  6. AGE (IN YEARS LAST BIRT  9. BALTIMORE CITY OF  120. USUAL OCCUPATION (TYPEON WORK FOR MOST OF)  130. STREET ADDRESS 9	YRS YRS	
be executed within an ond cariblety is. Pages carible	16a \	ATHER S NAME  FIRST  MID  WAS DECEASED EVER IN U.S. ARME  X45 YOOR UNKNOWN)  (IF VES. GIVE W	D FORCES? 16b SOCIAL SECU	15. MOTHER'S MAIDEN NAM PIRST ATTIE	ME MIDDLE ADDRE	55,0225 -39/5	ilson Ealleways
equires that the death certificate be a signed by the attending physicial. Then please remove corbanapapers, to burial, cremation, or removal. injury, or ather troumatic event, the	NOI	Conditions, if ony, which gove rise to immediate cause (a), stoting the underlying cause last.	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)	ebrovasular Acel	inal disease or cong	DITION GIVEN IN	24hodo
in. hos bee permit. ne prid	CERTIFICATION	19a DATE OF OPERATION		OPERATION WAS PERFORMED	20a AUTOPSY? YES NO	IN CERTIFYING YES	RE FINDINGS USED CAUSES OF DEATH?
HOSPITAL OR ATTENDING PHYSICIA ined by the haspital or attending planed by the haspital or attention of the the second by the beautily of the detached for use as the burial in the State Dept. of Health and Mental ORTANT. If them 21 is marked or them	MEDICAL CEI	21g. ACCIDENT WAS UNDERLYING OR OR OCONTRIBUTING CAUSE OF DEATH (HE EITHER NOTHEY MEDICAL EXAMINER) 21d INJURY OCCURRED  WMNLE NOTH WHILE AT WORK  22g. I certify that (1) (this haspital) saw the deceased alive an above, (M (we) (did) (did not) v  22b. SIGNATURE  22d. PHYSICIAN'S NAME (TYPE OR PR	iew the body after death.	ARM ETC)  211 LOCATION STREET  19  20  10  10  10  10  10  10  10  10  10	CITY OR TOV	MN CC	OUNIY STATE
BA————————————————————————————————————	£	Dirial		NAME OF CEMETERY OR CREMATORY	V 1000	ne cour	ma
DHMH - 16 60M 7/84	24 E	WINERAL DIRECTOR	Pin-16 3 ADD	wid Hill Gus A	PR.14 1986	The Davis	SIGNAMERAL

(VRA 15. 4)

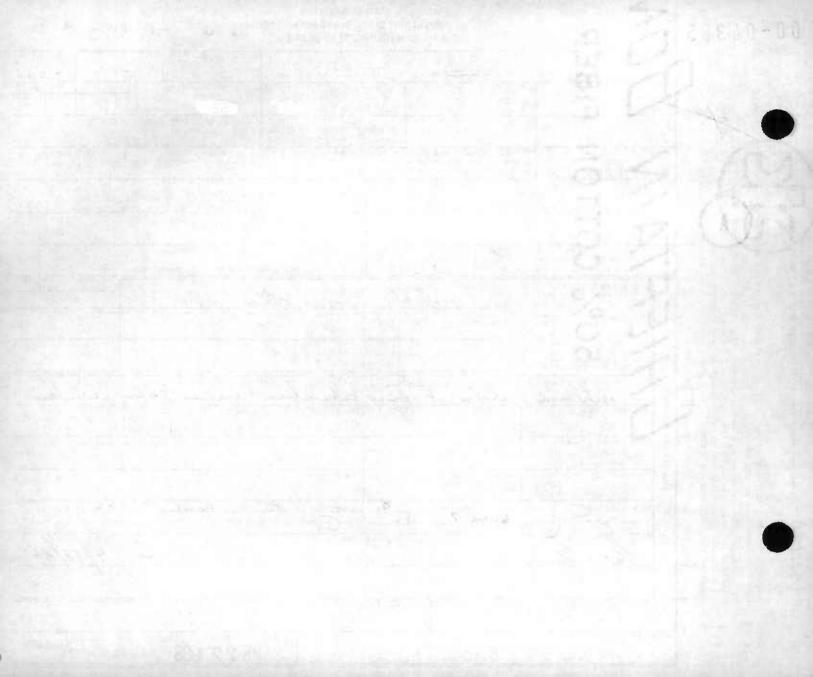
STATE OF MARYLAND

00-03843	FOR 1 - STATE REGISTRAR	DEPARTA	STATE OF MARYLAND  MENT OF HEALTH AND MENTAL HYG  CERTIFICATE OF DEATH	0 0 : .	251
	I. DECEASED NAME FIRST	MIDDLE	LAST	REG. NO.  20 DATE OF DEATH MONTH DATE	YEAR 26 HOLIR
by be oge 3 deoth	(TYPE OR PRINT)		TROMBETTA	APR. 15,1986	2b. HOUR 12:05P
ge 4 mo ector, po	Female	White	5. DATE OF BIRTH MAY 11, 1910		UNDER 1 YEAR IF UNDER 24 HRS
oth. Po	6 BIRTHPLACE (STATE OR FOREIGN COUNTRY) Poland	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED X DIVORCED	9 BALTIMORE CITY OR COUNTY O	
201 rs offer de by the fur	BALTIMORE	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET) JOHNS HOPKINS	G HOME OR OTHER INSTITUTION  ADDRESS)  HOSPITAL	120 USUAL CCCUPATION (TYPE OF WORK FOR MO: OF WORKING LIFE) HOUSewife	12b. KIND OF BUSINESS OR INDUSTRY
AND 21	USUAL RESIDENCE (IF NURSING HOME O 136. STATE 136 COUI Maryland —	R OTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 13t. CITY OR TOW Baltimo	N 13d. INSIDE CITY LIMITS?	13. STREET ADDRESS 2882 Kentucky A	Ave. 21213
MARYL ted within	1) FATHER'S NAME FIRST Simon	MIDDLE Vatapsky	15. MOTHER'S MAIDEN NAMED FIRST	me middle Unknown	LAST
BALTIMORE, MARYLAND Cote be executed within 24 system and completely filler opers. Pages ("and 2 shauld wol. It, the medical examinatorys	166 WAS DECEASED EVER IN U.S. AF	MED FORCES? 16b SOCIAL SECU VE WAR OR DATES) 212-88-	MILCOTHECCE	ADDRESS 2882 Kentucky	Ave. 21213
	PART I. DEATH WAS CAUSE	nly one couse per line for (o), (b), and (b) BY: TE CAUSE (o)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
W. PRESTON ST.  IETTA.  ot the deoth certif  ot the ottending pl  se remove corbon  cremotion, or rem  other troumotic eve	Conditions, if ony, which	DUE TO, OR AS: ACONSEQUE			dans
201 W. Pl	cause  o1, stoting the underlying couse lost	DUE TO, OR AS A CONSEQUE	- 1 / ~ // ~ 1		years
RECORDS, 2.	PART 2 OTHER SIGNIFICANT		<u>ÉATH</u> BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVEN	IN PART TO
	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		VERE FINDINGS USED NG CAUSES OF DEATH?
IOF VIT	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DA	Y YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18 PART	I OR PART 2)
DIVISION OF VITAL  NG PHYSICIAN: The offending physicion from the buriol-transit p. os the buriol-transit p. th and mental Hygier p. or the control of the ond mental Hygier p. or the control transit p	(IF EITHER NOTIFY MEDICAL EXAMINE  WHILE NOT WHILE  AT WORK  AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FA	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTENDIN parol or TOR: Afr for use o of Heolth	sow the deceased alive on	tol) attended the deceosed from 19 8	9/9, and that in (my) (own) opinion of	, to 4/5, 19 death occurred on the date and hour o	nd from the couses stoted
SPITAL OR A Dry the hos NERAL DIRECT DE deroched e Store Dept.	122b. SIGNATURE	aca V	DEGREE  ATTENDING PHYSICIAN	MEDICAL STAFF	11 DATE & IGNED 6
TO HOSPITAL TO FUNERAL should be deter with the Store	22d. PHYSICIAN'S NAME (TYPE OF	ICHT	72e ADDRESS JOHANS	HOIKINS H	DATITAL
	230 BURIAL, CREMATION, REMOVAL		AME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	OUNTY STATE
BP	Burial 24 FUNERAL DIRECTOR	4/18/86 H	Dly Redeemer	Baltimore Cit	V
DHMH - 16 50M 1/81 (VRA 15, 4)		ler Inc. 1901	Eastern Ave	APR 17 1986. June	

04000	1.	FOR - STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8 O REG. NO	2	5 8
3/1		CEASED NAME FIRST AARON	MIDDLE	TROTTER	20. DATE OF DEATH	4 12 86	2b. HOUR
s other	3. SE	MALE	BLACK	5. DATE OF BIRTH MONTH DAY YEAR 7 31 23	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YE. MONTHS DAY	
n 72 hou		RTHPLACE (STATE OR FOREIGN COUNTRY)	7b. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OF		21211 ·MD.
32	10. C	BALTO.	(IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS) TEACTH SYSTA	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	ON 12b. KINE INDUSTR	OOF BUSINESS OR Auis Car-
32	13a.	MD. 136 COU	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 136. CITY OR TOW	N 13d. INSIDE CITY LIMITS?		ZIP CODE Se (TO ST	Salto 212
300		ATHER'S NAME FIRST  BHW	MIDDLE TROTTE	2 Leona	MIDDLE	Tro	Her
s. Pages 1		YES, NO OR UNKNOWN] [IF YES, GF	RMED FORCES? 166 SOCIAL SECUL VE WAR OR DATES) 427-20	STRE AMANDA	Trotter	27/1 W.	Baltines
Then please remaver to burial, cremation injury, ar ather trour	NOI	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE  (c)  CONDITIONS CONTRIBUTING TO I	ENCE OF ENCY ENLODI	inal disease or cont	DITION GIVEN IN PART	lio:
ows ony	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINE IN CERTIFYING CAUS YES	
OR ATTENDING PHYSICIAN he hospiral or ottending ph DIRECTOR: After this certific iched for use as the burial it t Dept. of Health and Mental II If hem 21 is marked or hem 1	MEDICAL CES	21a, ACCIDENT WAS UNDERLYING CORCONTRIBUTING CAUSE OF DE LIFE ETHER, NOTIFY MEDICAL EXAMINE 21d, INJURY OCCURRED	HOUR A.M. MONTH DA	21f LOCATION	ED (ENTER NATURE OF INJUR		STATE
	~	sow the deceased alive or	ital) attended the deceased from_	6 April 19 86		ote and hour and from t	, that (I) (we) last he causes stated
		226 SIGNATURE A-Y-A	200)	DEGREE ATTENDING PHYSICIAN	MEDICAL STAP	F _/ (4	:- 12 · 86
with the State		Schreibf.	DR PRINT)	27e. ADDRESS			
3 4	23a.	BURIAL, CREMATION, REMOVÂÎ (SPECHY) Burial		NAME OF CEMETERY OR CREMATORY arrison Forest. Vet	23d LOCATION CITY OR TOWN OWINGS MI	ills, Md.	STATE
16 50M 4/83 A 15, 4)	24. F	UNERAL DIRECTOR	F. WEST ADDRESS		REC'D. BY REGISTRAR	25b. REGISTRAR'S SIGN	



The state of the s	BIRTHPLACE (STATE OR FOREIGN  COUNTRY)  A:  CITY OR TOWN OF DEATH  ALTIMORE  JAL RESIDENCE (IF NURSING HOME OF 18 ALTER'S NAME 1995)	### FILITION OF RESIDENCE BEFORE	ICK ROAD  E ADMISSION)  N  13d. INSIDE CITY LIMITS?	REG. NO.  20. DATE OF DEATH MONTH  4  6. AGE (IN YEARS LAST BIRTHDAY)  80  9. BALTIMORE CITY OR COL  BALTIMORE,  120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK  MAID	17 86 400 IF UNDER LYEAR IF UNDER MONTHS DAYS HOURS UNTY OF DEATH CITY 112b. KIND OF BUSIN
rempletely taken by the fumera director page 3 or 100 or 1	ELLEN  EMALE  BIRTHPLACE (STATE OR FOREIGN AUTHOR)  AUTHOR E  JAL RESIDENCE (IF NURSING HOME OF 18 DENCE OF 18 DEN	4. RACE BLACK 76. CITIZEN OF WHAT COUNTRY? USA 11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET 1623 NORTHW ROTHER INSTITUTION, GIVE RESIDENCE BEFORM	TRUITT    S DATE OF BIRTH   YEAR     S DAY OF BIRTH   O.5     MARRIED   NEVER MARRIED   DIVORCED     WIDOWED   DIVORCED     S HOME OR OTHER INSTITUTION     ADMISSION     1346 INSIDE CITY LIMITS?	6 AGE (IN YEARS LAST BIRTHDAY)  80  9 BALTIMORE CITY OR COL  BALTIMORE,  120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK  MAID	17 86 400 IF UNDER LYEAR IF UNDER MONTHS DAYS HOURS UNTY OF DEATH CITY 112b. KIND OF BUSIN
Scritco within 24 hours offer death Poges 4 in the function of	BIRTHPLACE (STATE OR FOREIGN COUNTRY)  A  CITY OR TOWN OF DEATH  ALTIMORE  JAL RESIDENCE (IF NURSING HOME OF 13 to 14 to 15 to	4. RACE BLACK 76. CITIZEN OF WHAT COUNTRY? USA 11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET 1623 NORTHW ROTHER INSTITUTION, GIVE RESIDENCE BEFORM	S DATE OF BIRTH  MONTH  DAY  OS  B MARRIED NEVER MARRIED MONCED OF THE MONTH ON THE	9 BALTIMORE CITY OR COL  BALTIMORE,  120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK MAID	IF UNDER LYEAR IF UNDER MONTH'S DAYS HOURS  VRS. DAYS HOURS  VRS. TITLE TO THE MOUNT HOURS  17b. KIND OF BUSIN
suited within 24 hours offer death Pogn 4 in mysteric suite formula direction of the function of the formula direction of the formula of the	BIRTHPLACE (STATE OR FOREIGN  COUNTRY)  A:  CITY OR TOWN OF DEATH  ALTIMORE  JAL RESIDENCE (IF NURSING HOME OF 18 ALTER'S NAME 1995)	BLACK  7b. CITIZEN OF WHAT COUNTRY?  USA  11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET  1623 NORTHW  ROTHER INSTITUTION, GIVE RESIDENCE BEFORE  NTY  13c. CITY OR TOW	MONTH DAY YEAR OS  MARRIED NEVER MARRIED MONCED GONESS  ICK ROAD  ADMISSION N 1346 INSIDE CITY LIMITS?	9 BALTIMORE CITY OR COL  BALTIMORE,  120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK MAID	VRS. MONTHS DAYS HOURS UNITY OF DEATH  CITY  175. KIND OF BUSIN
remplately thousands offer death Page 100 Colors of the function of the Colors of the	SIRTHPLACE (STATE OF FOREIGN COUNTRY)  CITY OR TOWN OF DEATH  ALTIMORE  JAL RESIDENCE (IF NURSING HOME OF 13b COUNTRY)  ATHER'S NAME	The CITIZEN OF WHAT COUNTRY?  USA  11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET  1623 NORTHW ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY  132. CITY OR TOW	B MARRIED NEVER MARRIED DIVORCED SIGNAME OR OTHER INSTITUTION ADDRESS NO.  ADMISSION 1 1346. INSIDE CITY LIMITS?	9 BALTIMORE CITY OR COL BALTIMORE, 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK MAID	CITY  12b. KIND OF BUSIN
190   60   100   1	ALTIMORE  JAL RESIDENCE (IF NURSING HOME OF DEATH  ATHER'S NAME  ATHER'S NAME	USA  11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET  1623 NORTHW  ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY  132. CITY OR TOW	WIDOWED DIVORCED [ IG HOME OR OTHER INSTITUTION ADDRESS)  ICK ROAD  ADMISSION]  134. INSIDE CITY LIMITS?	BALTIMORE,  120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORK MAID	CITY 12b. KIND OF BUSIN
and or section 2.4 houses of the continuous beautiful continuous beautif	ALTIMORE  JAL RESIDENCE (IF NURSING HOME OF	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET)  1623 NORTHW  ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 132. CITY OR TOW	WIDOWED DIVORCED [ IG HOME OR OTHER INSTITUTION ADDRESS)  ICK ROAD  ADMISSION]  134. INSIDE CITY LIMITS?	BALTIMORE,  120 USUAL OCCUPATION (17PE OF WORK FOR MOST OF WORK  MAID	
and or section 2.4 houses of the continuous beautiful continuous beautif	ALTIMORE  JAL RESIDENCE (IF NURSING HOME OF 13 b COUP  TATHER'S NAME  SUPPLY	(IF NOT IN SUCH FACILITY, GIVE STREET  1623 NORTHW  ROTHER INSTITUTION, GIVE RESIDENCE BEFORE  NTY  13(. CITY OR TOW	ADDRESS)  ICK ROAD  (ADMISSION)  (N 134. INSIDE CITY LIMITS?	(TYPE OF WORK FOR MOST OF WORK	
egited with 24 hours on 1991	JAL RESIDENCE (IF NURSING HOME OF 13b COUP	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 136. CITY OR TOW	ADMISSION)  1 13d. INSIDE CITY LIMITS?		01010
190 Per Indian 34 h	ATHER'S NAME	NTY 13c. CITY OR TOW	N 136. INSIDE CITY LIMITS?	In- STREET ADDRESS / TIE	A 1 6 5 6 75
1 d d d d d d d d d d d d d d d d d d d	EIRSY			1623 NORTHWICH	K ROAD
9 16a	TAUZALOLIAL	MIDDLE LAST	15. MOTHER'S MAIDEN	MIDDLE	LAST
	JNKNOWN		SARAH		GONZALES
A	WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SECU	IRITY NO. 17 INFORMANT	ADDRESS	
9 24 8/	NO	212-16-2	139 FVELYN FALLL	CNER 1623 NORTHI	WICK RD (18
vigned by the strong or places by the strong or brings, or affect or strong	1 /	0	DEATH BUT NOT RELATED TO THE TE		
A CHARLES	15 CHEMILE		OPERATION WAS PERFORMED	200 AUTOPSY? 20b.	IF YES, WERE FINDINGS USE
W. The law requy vision to the fact that bear of the fact that the fact	196 DATE OF OPERATION	176 CONDITION FOR WHICH	OPERATION WAS PERFORMED	INC	CERTIFYING CAUSES OF DEA
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HOSPITA Caned by Suid be d the Sto	22d. PHYSICIAN'S NAME (TYPE C	of Floring	22e ADDRESS		177
2 € 2 € 3 ≦ 23a. BP	BURIAL, CREMATION, REMOVAL	23b. DATE 4/23/86	NAME OF CEMETERY OR CREMATOR EASTVIEW	23d LOCATION BALTIMORE	COUNTY



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Mento! Hygiene

00-0545

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH 1. DECEASED NAME 2b. HOUR (TYPE OR PRINT) Frances Trump 2:40P April 29. 1986 & AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER 24 HRS 3. SEX 5. DATE OF BIRTH Female White MONTH YEAR April 1911 TO BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Baltimore City Maryland OR TOWN OF DEATH WIDOWED 12b. KIND OF BUSINESS OR LIYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Baltimore Maryland General Hospital none 13a. STATE 13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? YES XX NO T Balto Baltimore 2009 Druid Park Drive 21211 Md 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE Elmer Talbott Elizabeth Barrett 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT 213-12-4736 Kenneth Baker 2009 Druid Park Dr. 21211 no BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY:
Respins Respiratory Failure IMMEDIATE CAUSE (a) Congestive Heart Failure and Renal Failure Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse Chronic Obstructive Pulmonary Disease PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 Hemoptysis Secondary To Pneumonia, Diabetes Mellitus, Cerebral CERTIFICATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? I DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES 210 ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL

(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED NOT WHILE

- STATE

21e PLACE OF INJURY

86

AT HOME STREET, FACTORY, OFFICE, FARM ETC.)

86

211 LOCATION

CITY OR TOWN

STATE

COUNTY

deceased alive on April 29

220.1 certify thousal) (this hospital) attended the deceased from arch

ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN

, and that in 📉) (aur) apinian death accurred on the date and hour and from the causes stated

c/o Maryland General "ospital

22c DATE SIGNED

230. BURIAL CREMATION, REMOVAL

Burial

23c NAME OF CEMETERY OR CREMATORY Louden Park Cemetery

DEGREE

23d LOCATION

Baltimore Maryland

24 FUNERAL DIRECTOR

Connelly Funeral Home 300 Mace Ave. 21221

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

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## FOR - STATE DECEASED NAME

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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20 DATE OF DEATH MONTH DAY YEAR

(TYPE OR PRINT)	LILLIAN	May	Tschie	ckardt		4	11	14/86	9:15A
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24 FUNERAL DIRECTO		13 1300	Loudon			<b>altimo</b> REGISTRAR 25		TRAR'S SIGNAT	ryland URE

DHMH - 16 60M 7/84 (VRA 15, 4)

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TIMORE, be executed and and and and and and and and and an	160 \	VAS DECEASED EVER IN U.S. A YES NO OR UNKNOWN) (IF YES C		L SECURITY NO. 54-3136	Ursula Tubb	s 4700 Rosæbe	21225 el Ave Balto Md
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., B TENDING PHYSICIAN: The law requires that the death certificated or oftending physician.  OR After this certificate has been signed by the attending physician use as the burial-transit permit. Then please remove carbonpay if Health and Mental Hygiene prior to burial, cremation, or removed or item 18 shows any injury, or other traumatic event	MEDICAL CERTIFICATION	Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause last  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D  (IF EITHER, NOTHY MEDICAL EXAMIN 21d, IN JURY OCCURRED  WHILE NOT WHILE AT WORK 22a, I certify that (I) (this has)	ER) P.M.  21e PLACE OF INJURY (AT HOME STREET FACTORY.	ISEQUENCE OF  IG TO DEATH BUT  H DAY YEAR  19  OFFICE, FARM, ETC.)	Pivatory  estive He  I NOT RELATED TO THE TERM  OF COLON  216 HOW INJURY OCCURR  216 LOCATION  STREET	YES NO	IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO NO
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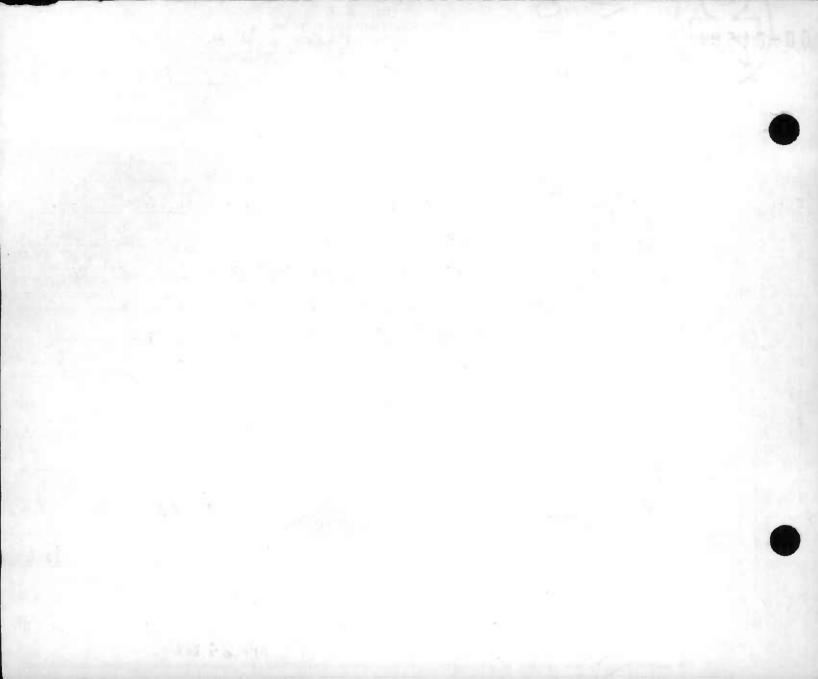
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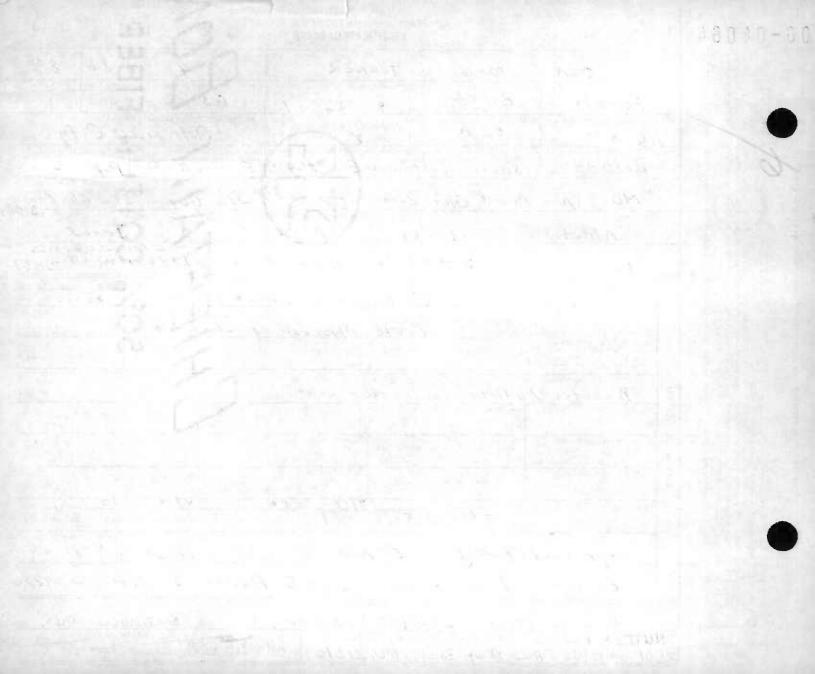
STATE OF MARYLAND



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(VRA 15	5, 4)		3331 Brehms	Lane, Balto.,	Md.	21213		

				STATE OF MARYLAND		
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o de de la constante de la con	1		(c)			
DS, 2	Z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	lin dependent	NINAL DISEASE OR CONDITION GI	VEN IN PART I 10
OR THE THE PARTY OF THE PARTY O		190 DATE OF OPERATION	TIGH CONDITION FOR WHICH	H OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YE	ES, WERE FINDINGS USED
REC DISTRICT	CERTIFICATION	THE DATE OF GREATION	The Condition of the	TO ENATION WAS TEN OWNED	IN CERT	IFYING CAUSES OF DEATH?
A 48 44 94.	<del>/</del>   5	210. ACCIDENT WAS UNDERLYING	1 216. TIME OF INJURY	71, HOW IN HIRV OCCUR	YES NO Y	ES NO
A STATE OF THE STA		OR CONTRIBUTING CAUSE OF D		DAY YEAR	KED (ENTER NATURE OF INJURY IN TIEM 18	PART ( OR PART 2)
S S S S S S S S S S S S S S S S S S S	7   5	(IF EITHER NOTIFY MEDICAL EXAMIN		19		
VISIO OF PHY or this ord A ord A	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	PARM ETC)	CITY OR TOWN	COUNTY STATE
De Ath			nital) attended the deceased from	7/19 10 86	4/19	10 86 sha (Il) (una) last
- N 5 8 5 7 7		saw the deceased alive a	pital) attended the deceased from	6 and that in (m) (aur) apinion	death occurred an the date and ha	ur and from the causes stated
A TONDE		abave, (1) (we) (did) (did i	nat) view the bady after death.	DEGREE		22. DATE SIGNED
0 1 0 00 1			114	ATTENDING -	MEDICAL STAFF	4-14-86
A P S S S S S S S S S S S S S S S S S S	+	122d. PHYSICIAN'S NAME (TYPE	OR PRINT	PHYSICIAN L	DIRECTOR PHYSICIAN	1 1 1 1
HOSP oned to ould be thinks S PORTA	11	Leoner	d Lamont		Hanover St 2	B. H. MO 21220
이를 만했다.	230	BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY	23d LOCATION	
BP		BURIAL	/	EDAR HILL CEM.	CITY OR TOWN BALTI	MORE, MO,
	24.		S FUNERAL HO	ME, INC. 250. PA	R 1 8 1986 Julia	TRAR'S SIGNATURE
DHMH - 16 60M 7/8 (VRA 15, 4)			ALLS PKWY BALT	n. mo. 21216 At	K 1 8 1986 Sulia	Davidson- Handalls
, , ,		70, 0 - 7,000 1	THE PROPERTY			



00-04538 DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

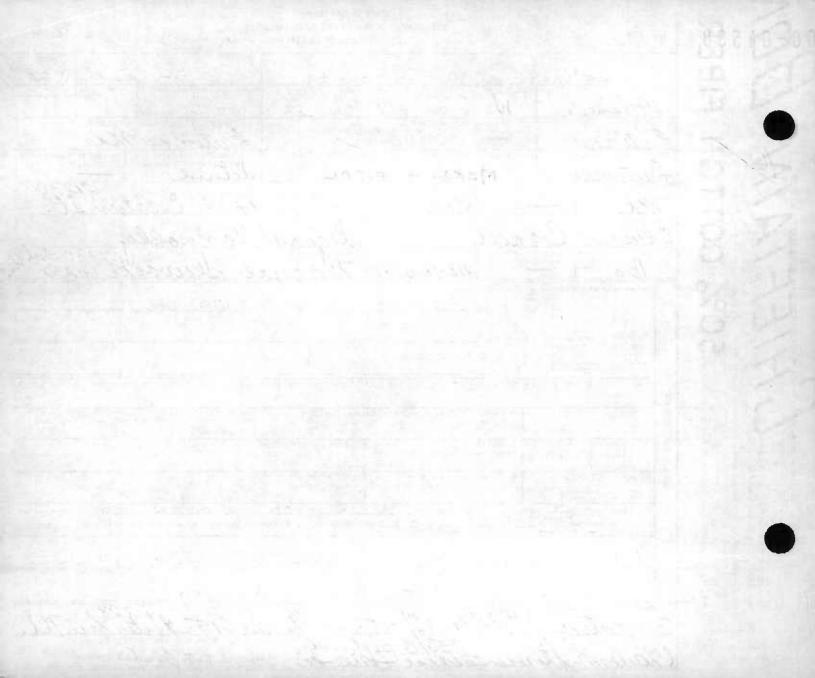
(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8 6 REG. NO.	- Control of the Cont	i	2	ó	8
DATE OF DEATH					

	1 -	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE S S	1120
1	DEC	EASED NAME FIRST	MIDDLE	LAST	2a DATE OF DEATH	
		Cather	- a M T	Tiransk:	0	4 22 86 11:00
1	5EX		RACE	5. DATE OF BIRTH	6. AGE LIN YEARS LAST BIR	
	1	2-E.	12/	MONTH DAY YEAR	63	MONTHS DAYS HOURS
70	BIE	THPLACE (STATE OR FOR FOR	CITIZEN OF WHAT COUNTRY?	102 04 23	9 BALTIMORE CITY O	R COUNTY OF DEATH
24.	B	DUMPER (STATE ON TOREION	CITIZEN OF WHAT COOKINT	MARRIED   NEVER MARRIED	Bot	me
-19	21	Y OR TOWN OF DEATH	1 NAME OF HOSPITAL NURSI	WIDOWED DIVORCED DIVORCED DIVORCED	12a USUAL OCCUPATI	ON 126, KIND OF BUSINES
7	1	toni)	(IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS		F WORKING LIFE) INDUSTRY
16	CYLA	L RESIDENCE LIF NURSING HOME OF C		EADMISSION	allered	2/22/
5	30 5	ATE 136 COUNT			13e.STREET ADDRESS	ecated It.
14	6	THER'S NAME	IDDLE CA LAST	IS MOTHER'S MAIDEN NA	7 0	
7	01	unid (m	nell	Kenima	Conn	sely IAST
/ 10		AS DECEASED EVER IN U.S. ARM		JRITY NO. 17 INFORMANT	ADDRE	SS (1, 1,330 30
	Y.	ES, MOOR UNKNOWN) (IF YES, GIVE	218-18-	10781 Maker	x0. 110x	110chi 21230
F	1	CAUSE OF DEATH (Enter only				APPRÖXIMÄTE INTERV BETWEEN ONSET AND D
	-	PART I. DEATH WAS CAUSED	BY:	tatic breast	carcin	ona Buears
omotic ev		IMMEDIATE	CAUSE (0) metas	tarte or cas	carcin	DING SUEW-
	1	C (2)	DUE TO, OR AS A CONSEQU	ENCE OF		
	- 1	Conditions, if ony, which	(b)			
	- 1	cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQU	ENCE OF		
	١		(r)			
1		PART 2 OTHER SIGNIFICANT CO	onditions <u>contributing to</u>	DEATH BUT NOT RELATED TO THE TERM	ainal disease or con	DITION GIVEN IN PART 11a
a	CATION	No. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED
//	E		ACCESS TO COLUMN		YES NOT	IN CERTIFYING CAUSES OF DEATH
7	CERT	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c. HOW INJURY OCCUR		
네.	<sub>2</sub>	OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. MONTH D	AY YEAR		
1	MEDIC	THE INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION		
	ž	AT WORK	(AT HOME STREET, FACTORY, OFFICE	FARM, ETC ) STREET	CITY OR TO	WN COUNTY ST
	-	22a I certify that the hospital	Dattended the decoared from	4-9-3 1986	to 4-2	22 1986 thorne
- 1				2/		ate and hour and from the couses stat
	-	bov (lyw)(did (did not)	view the body ofter death.	DEGREE		
		O A STATE OF THE	C. and	ATTENDING	MEDICAL STAI	22c DATE SIGNED
H	1	summer	Sounde		DIRECTOR PHYSIC	TANK TO LOC
	9	THE PRINCIPLE STANME THE CH	( I	ZZE ADDRESS		
1		Jeanning	· Sounde	TS Mercy	Hosp, ta	
73	10/2	RIAL, CREMATION, REMOVAL	23b, DATE / 101 134	NAME OF CEMETERY OR CREMADORY	23d LOGATION	1312280 0
17	01	remation	196/86	restrieur Men	nol 615	Frater Low M.
24	5	HEREL DIRECTOR	1158/			25b. REGISTRAR'S SIGNATURE
1/	0	10.000 / 100	and the dist	0. Than 1 1	DD 0 4 4000	Selia Naindry Rangel



FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	'-	REGISTRAR				CERTIF	ICATE OF I	HTAE	Ö	REG. NO.		i dia		
ì		CEASED NAME E OR PRINT)	Stell		relia	Tusz	prski		20. DATE O	il 30,	1986	AY YEAR	26 HOUR	55 <sub>M</sub>
2	3. SEX	Female		4. RACE		S. DATE C	DE BIRTH	75	6. AGE (IN)	YEARS LAST BIRTH		FUNDER 1 YEAR	HOURS	MIN.
5	70. BI	IRTHPLACE (STATE		76 CITIZEN OF	A.	MARRIE WIDOWE	D NEVER	WARRIED D	1 0 .	timore		OF DEATH		MD.
	10. CI	Baltimon			HOSPITAL, NURSIN HEACHTY GIVE TREET OUTD Drei				(TYPE OF WOR	OCCUPATION FOR MOST OF THE		12b. KIND O INDUSTRY LONG	F BUSINES	Pre
	139,5	AL RESIDENCE (IF)	13b COUI		GIVE RESIDENCE BEFORE 13: CITY OR TOW Baltimo	N	13d. INSIDE C	ITY LIMITS?	13° STREET 2020	Bank.	ZIP CODE	£ 2123	/	
0	14 FA	ATHER'S NAME FIRST	1	MIDDLE	LAST		15 MOTHER	S MAIDEN NA/		WIDDLE		LAS		
,	160 V	YES, NO UNKNOWN	VER IN U.S. AR	MED FORCES?	213-28-		7honas	F. Tus	zynski	ADDRES . 325 S		St. 2	1224	
	CERTIFICATION	Conditions, if a gave rise to cause (a), st underlying co	immediate tating the ause lost.	DUE TO, O	R AS A CONSEQUE  R AS A CONSEQUE  DISTRIBUTING TO D  TION FOR WHICH	NCE OF	NOT RELATED	TO THE TERM	20a AUTO	OPSY?	20b. IF YES,	WERE FINDIN	NGS USED	12
7	MEDICAL CERT	220.1 certify tho	CAUSE OF DE.	21e. PLACE (AT HOME, STE	M. MONTH DAM.  OF INJURY  DEET, FACTORY, OFFICE, F.	ARM, ETC.)	21f LOCATION STREET	DN 19 (aur) apinian o	RED (ENTERNA	CITY OR TOWN	IN ITEM 18 PA	COUNTY	str	ATE e) lost
		abave, (I) (w	e) (did) (did no	OR PRINT)	after death.		DEGREE W. 70	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF	4N []	22c. DATE S-		6
	24 FL	UNERAL DIRECTO	rial	5-3-8	86 (	Dak L		etery 250.9DATI	Eas	PEGISTRAR 2			ÜRE	ATE
	U	raries J.	Leiler	& Son S	Inc. 6224	East	ern Ave	M	AY. 2	1986	y wisey	windon-	to topress	Sile-

DHMH - 16 60M 7/B4 (VRA 15, 4)

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Siekler gestu Tugussii 11:57 Francis State of the Indiana State of the St wai amilia da see d 127 ough you mad 1/22/ White Book 1/20, rea 0 1 VEVS knows Class 9255 The state of the s is the parties well as the second of the sec Land Leading Jetha . Jeiler for Inc. 13th when we, I sales FOR STATE REGISTRAR

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGI CERTIFICATE OF DEATH

ENE 6 2 1	1 2	1	0
20. DATE OF DEATH MONTH DA	Y YEAR	26 HOUR	
04 15	86	12:45	A <sub>M</sub>
	UNDER : YEAR	IF UNDER 2	4 HRS
51 YRS.	DAYS DAYS	HOURS	MIN.
9 BALTIMORE CITY OR COUNTY C	OF DEATH		
Baltimore City	y		MD
126 USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LIFE)	126. KIND O	F BUSINES	SOR
Hostress	Resta	urant	
13e.STREET ADDRESS / ZIP CODE 1607 Spruce S			
NE			
WIDDLE	SI	harp	
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Same as 13e			æ
104, ACUTE	BETWEEN	MATE INTERV ONSET AND D	AL EATH
A-11000 CC1 51000			W

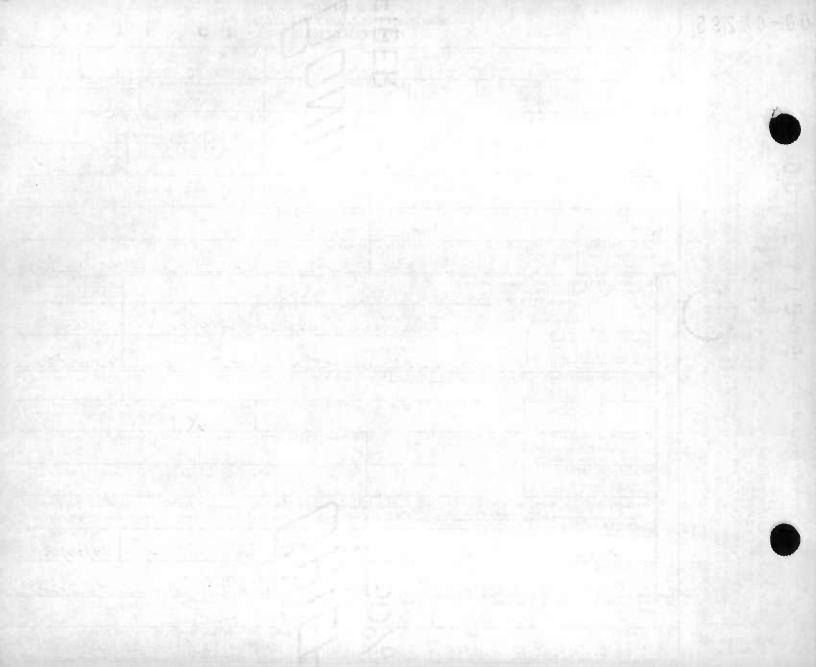
		EASED NAME	FIRST		MIDDLE	L.	AST		20. DATE OF DEATH	MONTH	DAY YEAR	2b HOU	JR
	(TYPE	OR PRINT)	SHAF	RON	Kelley	TUT	TLE			04 15	86	12:4	5 A
-	3. SEX	(	14	RACE		5. DATE C			6. AGE (IN YEARS LAST BIRTI	HDAY)	IF UNDER TYEAR	IF UNDER	24 HRS
	F	'emale		Whit	е	MONTS.	3^0	34	51	YRS.	MONTHS DAYS	HOURS	MIN.
-		RTHPLACE (STATE OR	FOREIGN 7	b. CITIZEN OF	WHAT COUNT	RY? 8	NEVER M	**************************************	9 BALTIMORE CITY OF	COUNT	Y OF DEATH		
6		hio			S.A.	WIDOWE	DIV DIV	ORCED :	Baltimor				ME
)		TY OR TOWN OF DEA	ATH 1		HOSPITAL, NU ICH FACILITY, GIVES NES HOS	RSING HOME C TREET ADDRESS) PITAL	R OTHER INST	TUTION	(TYPE OF WORK FOR MOST OF Hostress		Resta		
	13a. S	TATE TYLAND TYLAND		OTHER INSTITUTION		TOWN	13d INSIDE CI	TY LIMITS?	13e.STREET ADDRESS / 1607 Spr		Street 2	21220	5
	14 FA	THER'S NAME		-0015	-		15. MOTHER'S	MAIDEN NA					
		Harry	M	Robert	s Ke	lley	Rei	oecca	WIDDIE		S	harp	
		AS DECEASED EVER		NED FORCES?	166. SOCIAL S	SECURITY NO.	17. INFORMAN		ADDRES	SS			
	1	NO OR UNKNOWN)	(# 163,0116	WAR OR DATES			Toni ?	Tuttle	Same as 13	Be.			
	CERTIFICATION	Canditions, if ony gave rise to im- couse in, stati- underlying couse PART 2 OTHER SIGI	mediate ng the last.	DUE TO, (b)  DUE TO, (c)  ONDITIONS C		EQUENCE OF LIVE	CONUNTY THE	ARY RUMBU	NINAL DISEASE OR CONE	OITION GI	IVEN IN PART 11.	IGS USE	TH?
	MEDICAL CERT	OR CONTRIBUTING [] (IF EITHER, NOTIFY MEDI 214 INJURY OCCUR	NOT WHILE TAT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)								NO [	STATE	
		220.1 certify that (1) sow the deceos abave, (1) (we) (1) 220. SIGNATURE 22d. PHYSICIAN'S N.	ed alive and did) (did nat	view the bad		19 or	DEGREE	ITENDING HYSICIAN [	, to	F			
		MICHAE	LE	F	ELCZA	n	St Ag	nes Ho	ospital				
		URIAL, CREMATION, SPECIFY) Buria		236. DATE 4/19	/86	23c. NAME OF C		Jesus	23d LOCATION Baltimor	'e	Balto	5	STATE DM

DHMH - 16 60M 7/84

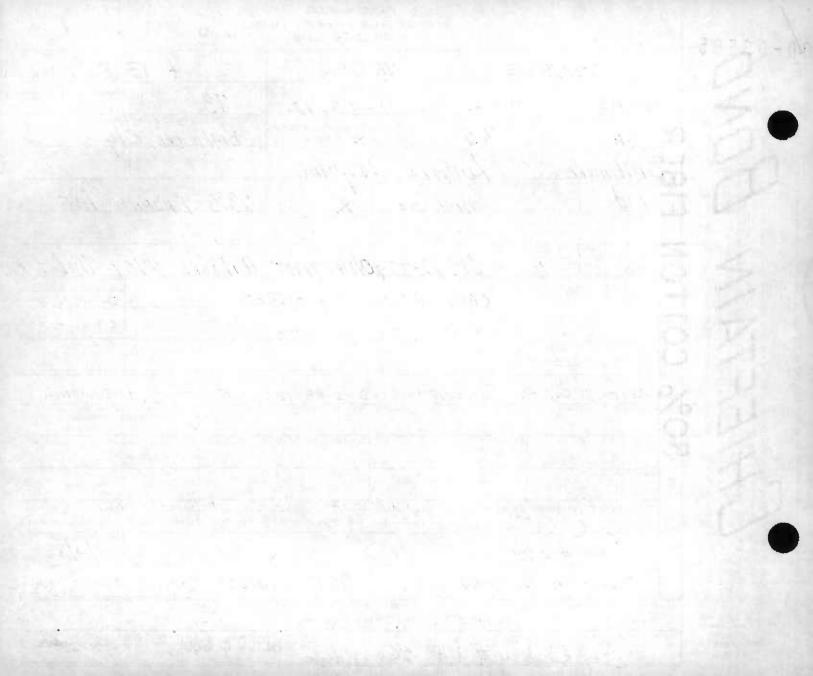
George J. Gonce 4001 Ritchie Hgwy Balto Md (VRA 15, 4)

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Grine Davidson Mandalle

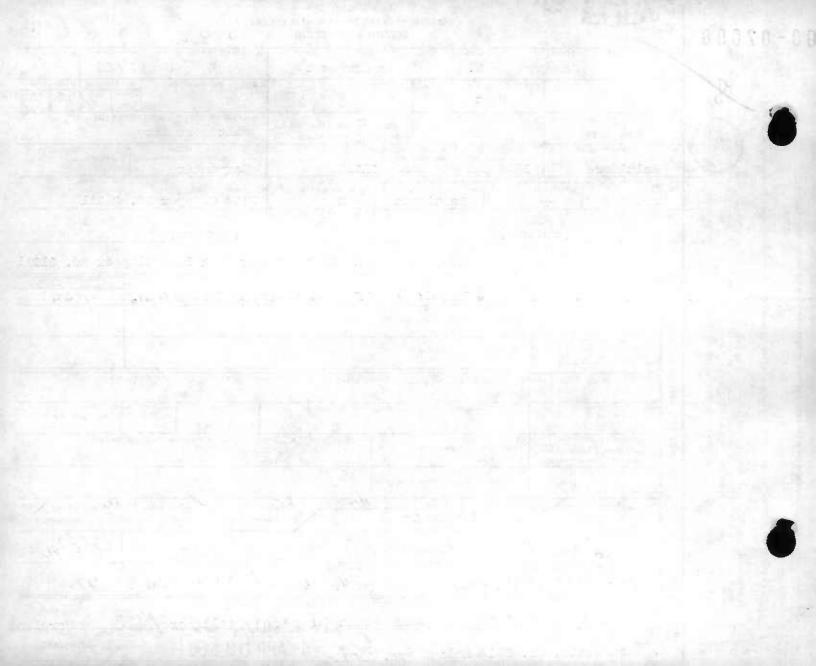
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REG. NO CERTIFICATE OF DEATH REGISTRAR 20. DATE OF DEATH MONTH 2b. HOUR L DECEASED NAME JONES UCHE UMEZURIKE APRIL 20, 1986 4. RACE 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HR 3 SEX 14 DAY 1949 black male Ta. BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH THE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Nigeria WIDOWED BALTIMORE 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 176 KIND OF BUSINESS OR IS CITY OF TOWN OF DEATH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BALTIMORE JOHNS HOPKINS HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 21210 13e STREET ADDRESS / ZIP CODE 13n STATE 13b COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 4420 Rolandsprings Drive Baltimore NOF IS MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE James Umezurika **Wangaii** 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 546-98-5551 Michelle Umezurike 4420 Rolandsprings Drive 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: 121 cardicollmonary IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF en ceohalopathy Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. small cell PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IG 20b. IF YES, WERE FINDINGS USED 19n DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY IN CERTIFYING CAUSES OF DEATH? NO [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) 21g. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21f LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE FARM, ETC 1 NOT WHILE 22a.f certify that (1) (this haspital) ottended the deceased from. 19 56 sow the deceased alive an deceased alive an abave (I) (we) (sid) (did not) view the body after death. and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated 226. SIGNATURE DEGREE 22c DATE SIGNED should be deta DIRECTOR PHYSICIAN PHYSICIAN MPORTANT. 22e ADDRESS Brenda W. Cooper, MK 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL COUNTY 4/23/86 Burial Arbutus Memorial Park Arbutus 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 251 REGISTRAR'S SIGNATURE DHMH - 16 50M 4/83 William C. March F/H West 4300 Wabash Avenue ha Davidson (VRA 15, 4)



	1,	FOR	DEPA	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HY	GIENE () (A	11273
03505	1	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
8 % E		CEASED NAME FIRST	TANCE	VAIDEN	20. DATE OF DEATH MONTH	13 86 8:40 A
4 may be or, page 3 ifter death	3. SE		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HE
s offe		FEMALE	BLACK	11-03-12	73 YR	
in 72 %	7a. B	RTHPLACE I STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT	MARRIED NEVER MARRIED WIDOWED MONORCED	BALTIMORE CITY OR COUL	Cota .
1 4/	10 C	BAH MORE	11. NAME OF HOSPITAL, NU	RSING HOME OR OTHER INSTITUTION TREET ADDRESS	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	121 KIND OF BUSINESS C INDUSTRY
0 (3)	USU	AL RESIDENCE (IF NURSING HO.	ME OR OTHER INSTITUTION ON THE PROPERTY OF	TOWN THE NSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CO	005 22216
E VELOC	1,30	ma.	V   //	MARE YES NO -	13/3 Apu	NAh HUE
	14 F.	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA		77.7
y poly of the state of the stat	J	ohn	Gunthe	r Annie	WIDDLE	Mason
oal co	16a '	WAS DECEASED EVER IN U.S		SECURITY NO. 17. INFORMANT	ADDRESS	
n and co Pages medical		YES, NO OR UNKNOWN) (IF YE	n/a 2/4-/	1-4390MADAQUET	WILKEUS &	2709 Tolbox
				2 12 porting fire	WINDERS	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
rtificate k 1 physicio on papers emoval.		PART I. DEATH WAS CA	aused BY.	OPULMONARY ARK	PECT	THE MEDIATE
00000		IMME	DIATE CAUSE (a)	DE CENTON HILL THE	101	LIME DINTE
death ce attendin nave carb atton, or traumatic			DUE TO, OR AS A CONSI	EQUENCE OF		6 MODITUS
de, atta		Conditions, if any, whice gave rise to immediate	h (1b) 17/3//	DCYTIC LYMPHOMA		0.10101
the em	13	couse (a), stating th	DUE TO, OR AS A CONSE	EOUENCE OF		
that d by lease iol, cr		underlying couse las	1. (c)			
gned ourie		PART 2 OTHER SIGNIFICA	INT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION	
n sign	O N	RECENT C	.V. A., UNCON	TROUGD DIABETE	S MELLITUS	PNEUMONIA
bee muit.	CATION	190 DATE OF OPERATION		HICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED
hos ne per	RTIFIC				YES TO NOW!	RTIFYING CAUSES OF DEATH?
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		OR CONTRIBUTING CAUSE C	DEDEATH HOUR A.M. MONTH	DAY YEAR	( )	
rSICIA mg pl certif vurial-t	2	(IF EITHER NOTIFY MEDICAL EXA		19		
PHY:	MEDICAL	216 INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE FARM, ETC.)  21f LOCATION STREET	CITY OF TOWN	COUNTY STATE
of the street of	1	AT WORK NOT WHILE		0.4		
Z A S. A See See See See See See See See See S		220 I certify that (II) this I	hospital) attended the deceased from	om MARCH 12 19 86	to APRILIS	19.86 , that (1)(we) I
TTER Dita 170 For 170		sow the deceased aliv	id nat) view the body ofter death.	19 <u>86</u> , and that in (my) (our) opinion	deoth occurred on the date and	hour and from the causes stated
OR ATTEN e hospital DIRECTOR sched far u Dept at Hem 21 is		22b. SIGNATURE	o de la	DEGREE		22c. DATE SIGNED
		Day D	SIACO	MD ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	4/13/86
RA Protection	1	22d. PHYSICIAN'S NAME I	2 W COM	PHYSICIAN PHYSICIAN	DIRECTOR   PHYSICIAN	1///
O HOSPITAL etained by the TO FUNERAL should be det with the State MPORTANT:		-	E. HERMAN M	Q n im f	INTESS DRIVE	E OWNGS MIL
etained TO FUNI should b		DAVID	- HEIGHINN M	.D. 9247 COL	INTESS DRIVI	E DONOOND 3
7 5 € 43 ₹		BURIAL, CREMATION, REMO	OVAL 23b. DATE	23¢ NAME OF CEMETERY OR CREMATORY	23d LOCATION	
BP	1	Burial	4/16/86	Mt. Auburn Cem.	CITY OR TOWN	STATE MA
7.5 10 10 10 10 10 10 10 10 10 10 10 10 10	24 F	UNERAL DIRECTOR	7710700 1		TERRECIO BY-REGISTRARIZSO REC	GISTRAR'S SIGNATURE
DHMH - 16 60M 7/84		NAMES &	7 1 . 4 DAPPRI	55 W/ 00 10 / A	TENEC D BY REGISTRAR 256. REC	- Control - Northon
(VRA 15, 4)		Jerry C	J. Myey T	1000 helleglig	U	



02898	1.	FOR STATE REGISTRAR	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE  CERTIFICATE OF DEATH  REG. NO.								12	2/4			
02000		EASED NAME	FIRST	MI	DDIE	ι	AST		20. DATE OF D		NTH D	AY YEAR	2b. HOUR		
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ge 4 may	3 SE	Male		RACE White	te	5. DATE C		YEAR 27	6. AGE TINYEARS	LAST BIRTHO		ONTHS DAYS	IF UNDER 24 HRS		
death.	7a. B	RTHPLACE (STATE OR FOR DUNTRY)  Belgium	IEIGN	CITIZEN OF W	CHAT COUNTRY	MARRIE	NEVER A	AARRIED	Baltimore Balti		COUNTY	OF DEATH			
urs after		TY OR TOWN OF DEAT Baltimore	Н		OSPITAL, NURS FACILITY, GIVE STRE Lipper 1	ING HOME C			12a USUAL OC (TYPE OF WORK FO Carpe	R MOST OF W			OF BUSINESS O		
thin 24 hou y filled in anning m	13a :	AL RESIDENCE (IF NURSINITATE  Iaryland	IG HOME OR	OTHER INSTITUTION, C		ORE ADMISSION)	134. INSIDE CI	NO 🗌	13+ STREET AD 3604 C	DRESS	er Rd.	2121			
fmpletel and 2 sh		THER'S NAME FIRST	(unk	nown)	LAST		-11-18	MAIDEN NAM		nown)		ĘA:	51		
ficate be exec		VAS DECEASED EVER IT res, no or unknown) NO		MED FORCES? WAR OR DATES)	217-38		Elizab		derguch	ADDRESS t 360		ipper 1	Rd. 212		
requires that the death cert signed by the attending ph ten please remove carbon pa to burial, cremation, or rem y injury, or other traumatic	NO	Conditions, if ony, gave rise to imme couse (a), storing underlying couse	the last	(c)	AS A CONSEO		NOT RELATED	TO THE TERM	NAL DISEASE C	R CONDIT	ION GIVE	N IN PART 1	a)		
CIAN: The law ician. ician. itiicate has bee ansit permit. Thygiene prior m 18 shows an	CERTIFICATION	19a DATE OF OPERATI		196 CONDIT	ION FOR WHIC	H OPERATIO	N WAS PERFO	RMED	200 AUTOPS YES □ N			WERE FINDI			
PHYSICIAN: ig physician. this certificate urial-transit p Mental Hygie		21a. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICAL	USE OF DEAT	216. TIME OF HOUR A.M	, MONTH	DAY YEAR	21c HOW IN.	JURY OCCURR	ED (ENTER NATUR	OF INJURY I	N ITEM 18, PA	RT 1 OR PART 2)			
DING PH ttending After thi s the burn th and M marked o	MEDICAL	214 INJURY OCCURRE WHILE NOT WHILE AT WORK AT WORK	LE 🗀	21e PLACE O (AT HOME, STREE	F INJURY ET, FACTORY, OFFICE	E, FARM, ETC )	211 LOCATIO	N	CI	TY OR TOWN		COUNTY	STATE		
ATTENI oital or at ECTOR: for use as of Heali		sow the deceased above, (1) (we) (dh				V/	If / U ad that in (my)	(aux) apinion	, ta leath occurred c	n the date			that (1) (wa) la causes stated		
ITAL OR y the hosp the hosp the hosp tate Dept		226. SIGNATURE	han	le C	och	m)	CO P		MEDICAL DIRECTOR	STAFF PHYSICIAL	N 🗀	22c. DATE	F/FL		
TO HOSPITAL retained by the TO FUNERAL should be detact with the State LIMPORTANT:		BA C	OCH	MAN, V	40		846	W 36	In Ship		DALT.	2, M;	7,		
BP	,	URIAL, CREMATION, R Cremati		23b. DATE 4/8/86			emetery or co	emetery		wn timor	e	COUNTY	state Maryla		
DHMH-16 25M (VRA 15, 4) 1/79		NERAL DIRECTOR Alan Sei	tz, c	Jr. 3818	Roland	l Ave.	21211	250 DATE	RO819				Ander.		



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 00 - 05103MEDICAL EXAMINER'S CERTIFICATE OF DEATHS REGISTRAR 20 DATE KNOWN DECEASED NAME MONTH 2b. HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED LAY IS NECESSARY, PLEASE O THE FUNERAL DIRECTOR. PAGE 5 FOR YOUR FILES. E FILED, WITHIN 72 HOURS. CLEMENTINA VICTORIA 86 19 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d. HOUR DATE LAST BIRTHDAY PRONOUNCED 24 -3551 YRS DEAD emale White 19 86 110PM To BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED Maryland U.S.A. WIDOWED DIVORCED Baltimore City MAN AND 3 TO THE FLOW BY SAND 3 SHOULD BE FILED WON'T AND 2 SHOULD BE FILED WON'T AND A SHOULD BE FILED WON'T AND ID. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK I. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY FOR MOST OF WORKING LIFE! disabled disabled Baltimore 3705 Centre Place ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION) 13a. STATE 13h COLINTY 13d, INSIDE CITY LIMITS? 13e. STREET ADDRESS Baltimore 3705 Centre Place 21224 Maryland YEST 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME AUDD1E MIDDLE FIRST Ruggiero Victoria Louise Pete 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT ADDRESS Centre Pl. HIEF MEDICAL EXAMINER ALONG WITH FOR USED AS A BURIAL-TRANSIT FERMIT, PAGES (9) THEALH AND MENTAL HYGIENE, DIVISION RIAL, CREMATION, OR REMOVAL. (YES, NO. OR UNKNOWN) 219-74-2615 Mrs. Louise Victoria 3705 No 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Seizure disorder DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). CERTIFICATION 20 AUTOPSY? Head Only 190 DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED? BURIAL, ICATE, WRITING THE WORE FORWARDED TO THE CH TOR: PAGE 3 SHOULD BE U THE STATE DEPARTMENT O 21a EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN (TEM 18 PART ) OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 214. INJURY OCCURRED 21f LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDET TO FUNERAL DIRECTOR: PAGE 3: AFIER DEATH, WITH THE STATE DE BALTIMQRE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK 22a. I certify that I taak charge of the remains described above, held an and in my opinion death resulted from Homicide Undetermined manner Natural causes TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St., BAto., MD 21201 230. BURIAL, CREMATION, REMOVAL 236. DATE 23t. NAME OF CEMETERY OR CREMATORY 4-28-86 Oaklawn Cemetery Baltimore, Maryland Burial 07/84 25M 24 FUNERAL DIRECTOR 256, REGISTRAR SISIGNATURE 250. DATE REC'D. BY REGISTRAR 263 SI CONKLING **DHMH - 17** (VR A15 ME (5)) . 21ZZ4

STATE OF MARYLAND

(VRA 15, 4)

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STATE OF MARYL	AND
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

EN	8	REG. N	10.		
20	DATE OF D	DEATH	MONTH	DAY	ī

G. NO.		6	. /	8
H MONTH	DAY	YEAR	2b HOU	R
36			131	M
ST BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 HRS
	MONTHS	DAYS	HOURS	MIN.
YRS				
TY OR COUNT	Y OF DE	ATH		

Vinson Willie H. 5. DATE OF BIRTH 3. SEX 4 RACE Black Male To BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY?

USA

YEAR 8-9-12 MARRIED NEVER MARRIED

WIDOWED 124

LAST

9. BALTIMORE CI 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

Baltimore, City TTYPE OF WORK FOR MOST OF WORKING LIFE Retired

4/6/8

6. AGE (IN YEARS LA

73

12b. KIND OF BUSINESS OR INDUSTRY

USUAL RESIDENCE | IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13a. STATE Md. 14 FATHER'S NAME

Baltimore

CITY OR TOWN OF DEATH

FOR

REGISTRAR

DECEASED NAME (TYPE OR PRINT)

- STATE

COUNTRY) S.Carolina

> 13c. CITY OR TOWN Baltimore

Vinson

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

13d. INSIDE CITY LIMITS? YES X 15 MOTHER'S MAIDEN NAME FIRST

17. INFORMANT

13e STREET ADDRESS / ZIP CODE 643 Cheraton Rd. 21225 MIDDLE

LAST Vinson ADDRESS apt 102

Oggie 16n WAS DECEASED EVER IN U.S. ARMED FORCES? WW II yes

PART I. DEATH WAS CAUSED BY

13b COUNTY

IMMEDIATE CAUSE (a

22a. I certify that (1) (this haspital) attended the deceased from

247-03-3597 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).

A CONSEQUENCE OF

16b. SOCIAL SECURITY NO

643 Cheraton Roads (Home)

Dora

Eddie Vinson 7916 Dunhill Village Circle

Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause last

astat DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG

190 DATE OF OPERATION

21h TIME OF INJURY

HOUR A.M. MONTH DAY YEAR

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

NO 1 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

CITY OR TOWN

200 AUTOPSY?

28b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [

OR CONTRIBUTING | CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED NOT WHILE

saw the deceased alive on Anci

71a ACCIDENT WAS UNDERLYING

21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) 211 LOCATION

COUNTY 10

abave, (1) (we) (did) (did not) view the bady after death 226 SIGNATURE

DEGREE

ATTENDING

MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN

and that in (my) (aur) opinion death accurred on the date and hour and fram the causes stated

22c. DATE SIGNED

STATE

Shauld be deto MPORTANT 23a BURIAL CREMATION, REMOVAL (SPECIFY)

Burial

4/9/86

23c. NAME OF CEMETERY OR CREMATORY

Md. Veteran Cem.

22e ADDRESS

23d. LOCATION CITY OR TOWN Crownsville, AaAC.

STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

0

18

à

CERTIFICATION

MEDICAL

24 FUNERAL DIRECTOR

Charles A. Rice FSPA 1300 Eutaw Place

BY REGISTRAR 25h. REGISTRAR'S SIGNATURE

0-02979/

by the funeral director, page 3

FOR STATE REGISTRAR						STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE
CEASED NAME	-	FIRST	- 4	- 6	MIDDLE	TAST	2n [

6 REG. NO.	1	1	2	7	6
DEATH.	0.11	115.00	-		_

100							KEG.	NO.			
	CEASED NAME	FIRST	11-11	MIDDLE	67	AST	20. DATE OF DEATH	MONTH	DAY YEAR	2b HOUF	
	ANE	9.	Acar	<b>Y</b>				7-7	1-96	3249	
3 SE		133	4. RACE BIAC	K	5. DATE (		6. AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DAYS	HOURS	MIN.
2	FEMALE				1	, -99-		YRS.			
100	IRTHPLACE (STATE OR FO COUNTRY) MARYLAND	ORE IGN	U.S.	A .	8. MARRIE WIDOWI	D NEVER MARRIED	BALTIM		TY OF DEATH		
	ITY OR TOWN OF DEA	TH	11. NAME OF I	HOSPITAL, NURSIN	G HOME	OR OTHER INSTITUTION	120 USUAL OCCUP	ATION	12h KND C	OF BUSINES	MD. SS OR
	BALTIMORE		NORTH	CHARLE	SPRESGE	NERAL HOSP.	(TYPE OF WORK FOR MOS				
- 13a	AL RESIDENCE (IF NURS) STATE ARYLAND	3F CORIN		GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e STREET ADDRES			18	0.1
-	ATTEMND			DADITA	OIL	YES NO	1 40 00	OTH.	STREET	APT.	<u> </u>
14.7	JIM FIRST		POF	RTER LAST		MARY	WIDDLE		t.A.	57	
16a. '	WAS DECEASED EVER I		MED FORCES?	16b SOCIAL SECU	RITY NO.	17. INFORMANT		DRESS	2 Omit C	m c	1-
	NO OR UNKNOWN)	(11 123, 011	E WAR OR DATES)	217-12-	3987	MARGUERITI	E SMITH 1	1 W.	ZUTH S	ST. 9	/ III
	18 CAUSE OF DEATH			Am 5	- 6	2 : 2			BETWEEN	ONSET AND	DEATH
7			E CAUSE (o)	Condid	Dala	. swell	welt				
	88/	DUE TO, OR AS ANCONSEQUENCE OF									
-3	Conditions, if ony, gove rise to imm										
		ouse (a), stating the DUETO, OR AS A GONSEQUENCE OF DIA									
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ON	Fici	Lens	1 Hem	of Miem							
CERTIFICATION	190 DATE OF OPERAT	ION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH?			
STIF								YES NO			
	210. ACCIDENT WAS UNDI	_	21b. TIME O		Y YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM 18	3 PART I OR PART 2)		
N N	(IF EITHER NOTIFY MEDIC			Μ,	19						
MEDICAL	21d. INJURY OCCURR	ED	21e PLACE	OF INJURY REET, FACTORY, OFFICE FA	ARM FIC 1	211 LOCATION STREET	CITY OR	TOWN	COUNTY	ST	TATE
2	AT WORK AT WOR	K						10 15			
	22a I certify that (I)		117	e deceased from	01-2-	19	10 4-4	-		that (I) (w	
	sow the decease above, (I) (we) (d				0 0 , 0	nd that in (my) (our) apinion	death occurred on the	date and ha	our and from the	couses sto	ted
	22b. SIGNATURE	1 /	7			DEGREE	ALEDICAL GI		22c DATE	SIGNED	
	Dung	1111	Dus.				DIRECTOR PHY	SICIAN [	4-	4-86	
	22d. PHYSICIAN'S NA	. 1				22e ADDRESS		, -	- 165		
	Larry	111	enny 1	7.1.		(01 E 1200	aliga 14.	. Isra	(102		
	BURIAL, CREMATION,	REMOVAL				EMETERY OR CREMATORY	23d LOCATION			- S4	e E
1	CREMATION		4-8-		KEENI	MOUNT CEMET	ERY BALT	) .	CITY	M.	D.

DHMH - 16 60M 7/B4 (VRA 15, 4)

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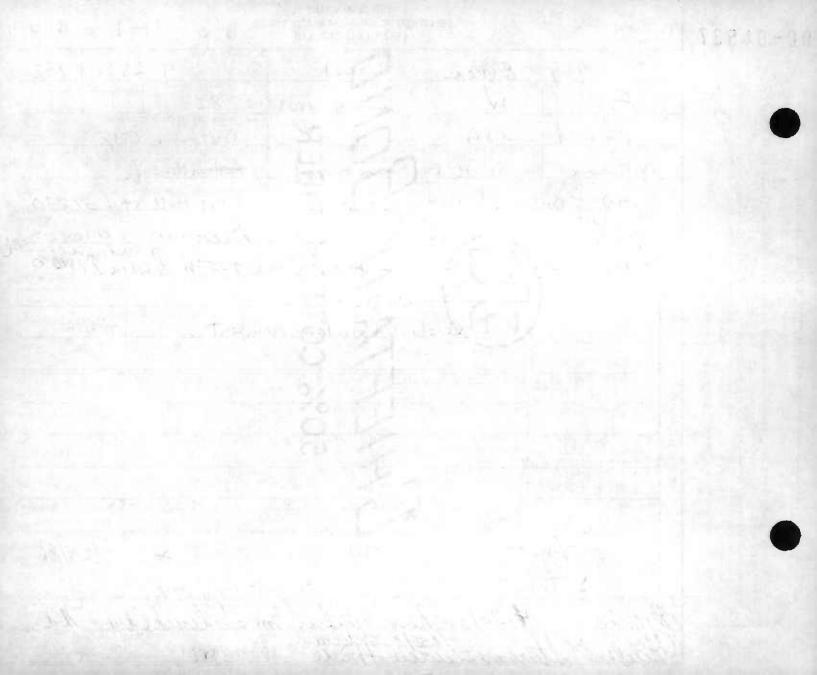
TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then please remove carbon papers. P with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If Hem 21 is marked or Hem 18 shaws any

REDD FUNERAL HOMEE 5209 YORK RD. 21212

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

· a wardson-Aprilate





STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATHO REGISTRAR DECEASED NAME 20. DATE KNOWN X MONTH 7h HOUR (TYPE OR PRINT) ESTI-Andrew P. Vouvounas 18 , 86 DEATH MATED 5. DATE OF BIRTH 4. RACE SEX AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d. HOUR DATE AST BIRTHDAY 9:32 PRONOUNCED Male White 1086 DEAD YRS 76 CITIZEN OF WHAT COUNTRY? To. BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED Greece U.S.A. Baltimore City WIDOWED DIVORCED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 1126, KIND OF BUSINESS Priver OR INDUSTRY
Trucking Baltimore Baltimore Francis Scott Key Medical Center

ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13. STREET ADDRESS Bar Harbor Road Mary land Anne Arundel Riviera Bch 13d. INSIDE CITY LIMITS? NOXX 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Vouvounas Angeline Pete Sofulis 17. INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. ADDRESS 215-10-7053 Helen C. Vouvounas Same as 13e 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple Injuries IMMEDIATE CAUSE (a)\_ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES XX NO [ 71g EXTERNAL CAUSE WAS 216 TIME OF INJURY TIC. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR AM MONTH DAY YEAR UNDERLYING XXOR CONTRIBUTING CAUSE OF DEATH : 25 P.M. 18 19 86 Driver involved in auto/auto collision 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 71f. LOCATION STREET, FACTORY, FARM, ETC.) AT WORK AT WORK COUNTY STATE 695 - Toll street Rt. Facility Balt. MD PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE ST BARTIMORE, MARIZDAND, 2 Autopsy XX 270 I certify that I took charge of the remains described above, held an Hermicide Undetermined manner Natural causes TITLE (SPECIFY) 4-20-86 DATE Assistant MEDICAL EXAMINER EXAMINER'S NAME Dennis F. Smyth/ M.D. 111 Penn St., Balt., 21201 TYPE OR PRINT) 236. NAME OF CEMETERY OR CREMATORY 4/22/86 Cedar Martinsburg Berkeley Grove Cemetery 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE George J. Gonce 4001 Retchie Highway Balto Ma APR 22 1986 **DHMH - 17** Filia Davidson Mandasse (VR A15 ME (5))

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4517 PARK HEIGHTS AVENUE

(VRA 15, 4)

LEWIS T. GWYNN

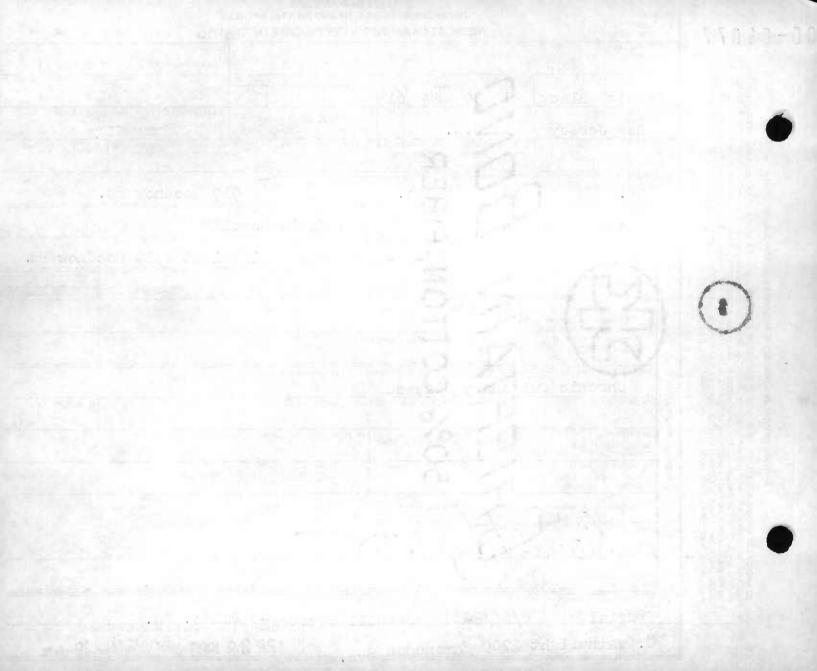
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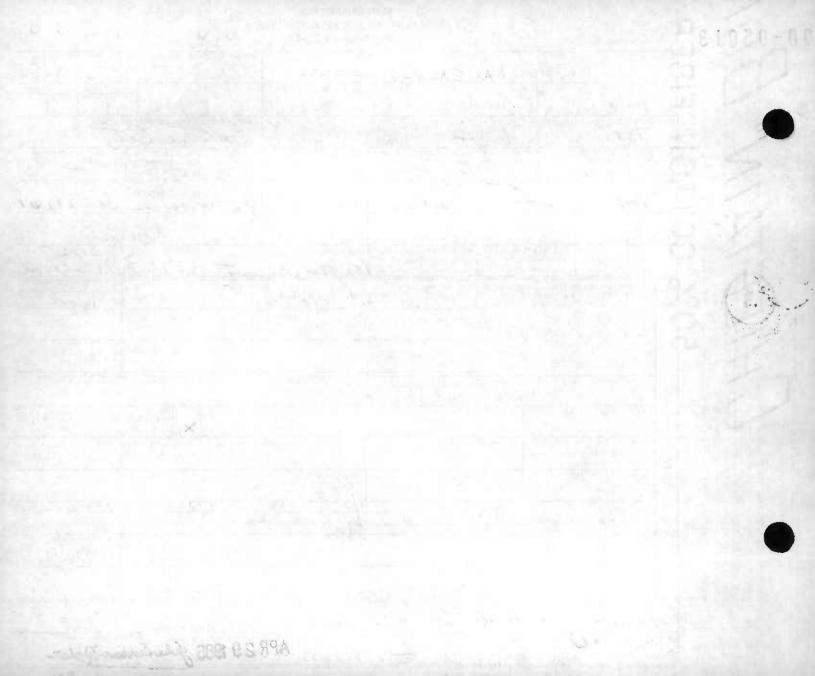
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					STAT	E OF MARYLAND					
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1 4		EASED NAME	FIRST	MIDDLE	L	AST	20 DATE	REG. NO.	NIH D	DAY YEAR	2b. HOUR
X	(ITPE	Sister	Mary	Pius	Wa	de O.S.P.	4/	12/86			5:30 am
-	3. SE X			RACE	5. DATE C		6. AGE (IN	YEARS LAST BIRTHD		IF UNDER 1 YEAR	
10	3	Female		Black	12	11 195	90		YRS		
1	CC	RTHPLACE (STATE OR FO		United Sts	MARRIE WIDOWE	D NEVER MARRIED DIVORCED		timore		OF DEATH	MD.
1	10 CI	ry or rown of DEA stonsville	ATH 11	NAME OF HOSPITAL, NURS  (IF NOT IN SUCH FACILITY, GIVE STRE  blate Srs P1	EET ADDRESS)			LOCCUPATION ORK FOR MOST OF W		12b. KIND INDUSTRY	OF BUSINESS OR
38	13a. S Ma	ryland		HER INSTITUTION, GIVE RESIDENCE BEF	ORE ADMISSION)	13d INSIDE CITY LIMITS? YES NOT	13e STREE	T ADDRESS	load	2122	28
3	17	THER'S NAME Injamin	Zacha		de	15. MOTHER'S MAIDEN NO FIRST		MIDDLE		Duck	ust Att
0	160, W	AS DECEASED EVER	IN U.S. ARME	D FORCES? 166 SOCIAL SE		17 INFORMANT		ADDRESS		Duck	
1	(Y	es, no or unknown) No	(IF YES, GIVE WA	219-54	-3775	Sister Ma	rina	Kelly,	OSI	P	
Even I	ΙI	PART I. DEATH W	AS CAUSED B	/ 4/1/1	dia	- ASI	84				
и упит партаба		Canditians, if any, gave rise ta immo cause (a), statin underlying cause	, which mediate ng the	DUE TO, OR AS A CONSECTION OF A CONSECTION OR AS A CONSECTION OF A CONSECTION	000	lenotic	He	art i	Dise	ose.	
TAVITY OF WHICH HOUSE OF	NOI	gave rise ta imr cause (a, statin underlying cause	, which mediate ag the selections.	DUE TO, OR AS A CONSECTION (b)	DUENCE OF						(a)
for any injury, as other traumatic	RTIFICATION	gave rise to imrecuse to, statistic underlying cause PART OTHER SIGN	which mediate ag the last.	DUE TO, OR AS A CONSEGUED OF TO, OR AS A CONSEGUED OF TO, OR AS A CONSEGUED OF THE CONSEGUE	O DEATH BUT	NOT RELATED TO THE TER/	MINAL DISE	ASE OR CONDIT	TION GIVE	EN IN PART 1	
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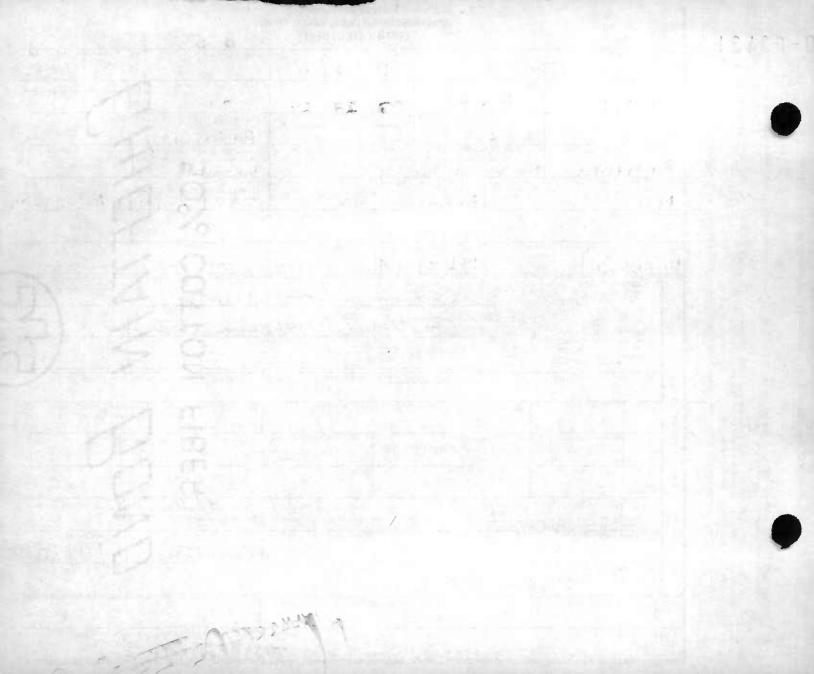


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	To. BI	RTHPLACE (STATE OR FO		U.S.A.	WHAT COUNTR	Y? 8 MARRIEI WIDOWE	NEVER MARRIED DIVORCE	ED '	TIMORE CITY	OR COUNTY O	OF DEATH	MD.
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AND 212	Ma	ryland		. City	Baltime	Ore DMISSION)	13d. INSIDERITY LIA YES NO (	0 14	REET ADDRESS	1 ZIP CODE	sayette	Ave
MARYL ted within ord 2 sh	Un	THER'S NAME FIRST		DDLE	LAST		Unknown	DEN NAME	WIDDLE		LAST	
be executed on and of street on a		VAS DECEASED EVER I YES, NO OR UNKNOWN)		ED FORCES? WAR OR DATES)	218-03		Ethel Go	rdon, 5	508 Sto		APPROXIMATE BETWEEN ONSET	21207
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120' ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours retending physician.  The this certificate has been signed by the attending physician and completely filled in by as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be file th and Mental Hygiene prior to buriol, cremation, ar removal.  The page of the medical examine must be a controlled and the medical examine must be a controlled and the medical examine must be a controlled.	NO	Conditions, if any, gove rise to imm cause (a), stating underlying cause	which ediate the last.	DUE TO, O  (b)  DUE TO, O  Ic)	R AS A CONSEC HIO P R AS A CONSEC CAYAN ONTRIBUTING TO	C30.	an Myni	Liciene		C) CHP	yr	2411
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TO HOSPITAL OR ATTEN etanied by the hospital TO FUNERAL DIRECTOR. should be detached for v. with the State Dept. of He MAPORTANT: If them 21 is		saw the decease obove, (I) (we) (d 22b. SIGNATURE 22d. PHYSICIAN'S NA	nete	n H	UAET	en	DEGREE  ATTENI PHYSIC  22e ADDRESS	DING & MED	DICAL STA		221. DATE SIGN 4114 MD Q 1	NED
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DHMH - 16 50M 4/B3 (VRA 15, 4)		INERAL DIRECTOR MES N. KOT	SIS F.	н., 64	ll Wind	sor Mil		25a. DATE REC'I		R 25b. REGISTR	AR'S SIGNATURE	nd ste

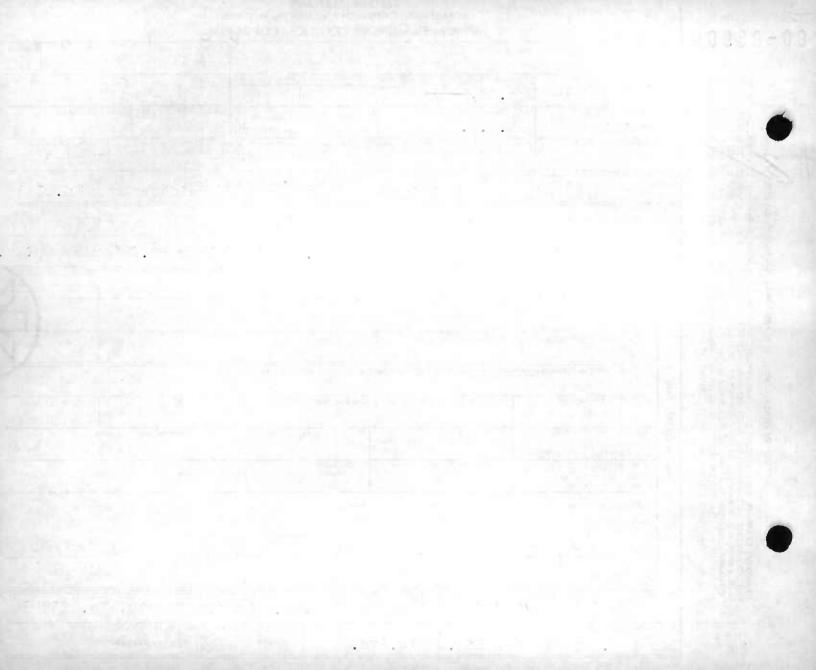
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10	SE S	107	TY OR TOWN O	OF DEATH	11. NAME OF HOS (IF NOT IN SUCH FAI 4906 Rei	CILITY, GIVE STE	SING HOME,	OR OTHE		ION I	20. USUAL OCC FOR MOST OF W Handy	UPATION (TVB)	FOF WORK 12h	KIND OF BUSIN OR INDUSTRY aried	VESS
Co	ORDER DE	13a S	L RESIDENCE (	IF IN HURSING HOME O	R OTHER INSTITUTION, GIV	E RESIDENCE B	EFORE ADMISSION OR TOWN IMORE	V) .	3d. INSIDE CIT		4906 AR				27.5
6	井公田の五	Name and Address of the Owner, where	arylan ATHER'S NAME	ia N/	A	рати	Tillote	_	YES X			erscer	NOUGH	Nu.21	-219
W. M	3000	E	mmitt	Isiah	Malker		AST	3	Ant		NAME	MIDDLE	2200	nës	
ALTIMO	JRS AFTER B. GIVE PA WITH FOR T. PAGES 1 DIVISION (	N N	VAS DECEASED ES, NO, OR UNKNOW O	EVER IN U.S. ARA	MED FORCES? WAR OR DATES)	16b SOCI	IAL SECURITY		Its.		e Walk	er Rt.			·Va
RECORDS, 201 W. PRESTON	HOULD BE EXECUTED WITHIN 24 PENDING" IN PENCIL IN ITEM HER MEDICAL EXAMINER ALON USED AS A BURIAL - IRANSIT FER PETITH AND MENTAL HYGEN RAL CREMATION, OR REMOVAL	z	gove ris couse (o) lying cous	s, if ony, which to immediate stating the <u>underselast</u> .	(b)	AS A CONS	SEQUENCE O	F		7 Aneu:					
7	HOULD BE IN PENDING MEDITED AS A COLUMN OF HEALTH	CERTIFICATION	190. DATE OF	OPERATION	196 CONDIT	ION FOR W	HICH OPERA	TION WA	S PERFORA	MED?			20	AUTOPSY?	
DIVISION OF VIT.	TO MEDICAL EXAMINER. THIS CERTIFICATE SHO EXECUTE THE CERTIFICATE, WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CHIEF FOR UNRECTOR: PAGE 3 SHOULD BE US AFTER DEATH, WITH THE STATE DEPARTMENT OF BALTIMORE, MARYLAND, 21201 PRIOR TO BURI	MEDICAL CERT	UNDERLYING CONTRIBUTION	CCURRED	21e PLACE C	MONTH	19 (ATHOME,	211. LOC		OCCURRED	(ENTER NATURE OF		PART 1 OR PART 2)	YES 🙀 N	STATE
۵	VER: THIS CATE, WR FORWARI OR: PAGE THE STATE (ND, 2120				e of the remains desc	ribed obov	e, held on	Autopsy	<u>X</u> ,	Inspection	, Inquir		id in my opinion		
•	ICAL EXAMI ETHE CERTIFIE SHOULD BE IERAL DIRECT PEATH, WITH J ORE, MARYLA		deoth resulte ACTUAL SIGNATURE_	Mayie	e Mey	Accident	, Suic	ide [_], M.[	Homicion (SP	PECIFY)	Undetermined		DATE SIGNED_4	1/15/86	
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STATE OF MARYLAND

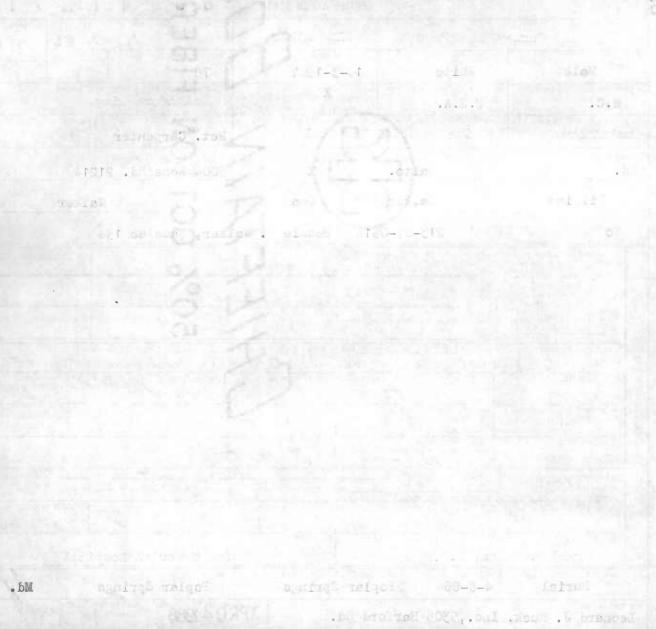
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,			CEASED NAME	FIRST		MIDDLE	į,	AST	20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR
1	de of de	,,	OF PRINT)	Gurne	У	Mayo	MX	X Walker	4	2 86	410 AM
10		3. SE		4	4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATS	IF UNDER 24 HRS
	900		Male		Whi			3-1907 YEAR		'RS	
	170	7a. Bi	RTHPLACE (STATE OF	FOREIGN )	U.S.	WHAT COUNTR A.	MARRIEI WIDOWE	NEVER MARRIED DIVORCED	Baltimore (		MD.
10	14		TY OR TOWN OF DEA Baltimore	ATH 1		HOSPITAL, NUR CHEACILITY GIVE SER Memori		r other institution pital	LIVE OF WORK FOR MOST OF WORK Ret. Carpente	INDUSTRY	OF BUSINESS OR
AND 212	( ) Re	13a S M	AL RESIDENCE (IF NURS STATE d .	136 COUN		13c CITY OR TO	NWC	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP 6 5004 Ross Rd.	CODE 21214	
SYE.		14. F/	THER'S NAME		AIDDLE	LAST	//	15. MOTHER'S MAIDEN NA	ME MIDDLE	I.A.	ST.
M.A.			William		4-0.1	Walker		Oma		Walker	
ORE	Pic dice	16a V	VAS DECEASED EVER		WAR OR DATES	166 SOCIAL SE		17 INFORMANT	ADDRESS		
TIMO	F 6 6		140	1		213-07-	-0916	Bessie E. Wa	lker, Same as		
ST., BAL	physics onpaper emoval event, th		18 CAUSE OF DEAT PART I. DEATH W		y one cause per ) BY: E CAUSE (a)	Cardio	pulman	uny Arres	<del>/-</del>		CIMATE INTERVAL ONSET AND DEATH
NOTS	attendin ove corb fion, or gumdik		Conditions, if any,			Corona		Yery Disea			
W.PR	by the second		gove rise to immocause (a), statin underlying cause	ng the	DUE TO, O	R AS A CONSEC					
, 20	gned n pled burno y, or	3	PART 2 OTHER SIGN	NIFICANT CO	ONDITIONS C	ONTRIBUTING T	O DEATH BUT		INAL DISEASE OR CONDITION		
ORDS	en sig	CERTIFICATION	Chronic C						ionia, Cerebrova	scular Hec	ident
ECC	s be	ICA	190 DATE OF OPERA		196 COND			N WAS PERFORMED		IF YES, WERE FINDS	
AL	The house of the h	TE I	NIA			NIH			YES NO	YES 🗌	NO 🗌
F Y	AN: 1		OR CONTRIBUTING		HOUR A	M. MONTH	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITE	M 18 PART   OR PART 2)	
0	cert uniol uniol Aente	MEDICAL	(IF EITHER, NOTIFY MEDI		P. 21e PLACE	M. NOT INTERNAL	19	ZII LOCATION			
DIVISION OF VITAL RECORDS, 201 W	ottend ottend fter this bs the b th ond A	ME	WHILE NOT WE	HILE [		REET FACTORY, OFFI	FARM, ETC )	STREET N/	CITY OR TOWN	COUNTY	STATE
	R. A use a Leeling		220.1 certify then (1)		al) attended th			4-1 19 80		2. 19 86	that (II (we) lost
	CTO CTO d for n 21		saw the decease abave, (h (we) (c	ed alive an _ did) (did nat	wiew the bady	alter death.			death accurred an the date an		
	the hortened the DIRE eroched to Dep		226. SIGNATURE	14/	1/ %	alan	111	ATTENDING PHYSICIAN I	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE	2-86
	TO FUNERAL should be determined by the State with the State IMPORTANT:		224 PHYSICIAN'S NA	AME (TYPE OR	RINTS		1.100	22e ADDRESS	D DWGGLOW THILDGING		
1	- I			- 4		_					
	should be with the MPORTA		David	J. Ka	han, M.	D.		Uı	nion Memorial 1	Hospital	

DHMH - 16 60M 7/84 (VRA 15, 4)

Leonard J. Ruck, Inc.,5305 Harrford Rd.

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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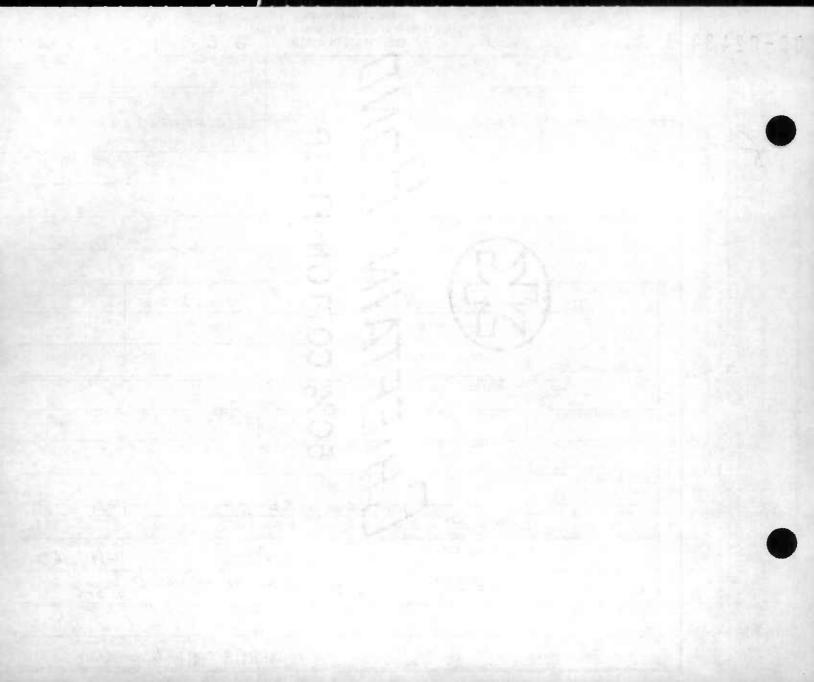
REGISTRAR	CERTIFICATE OF DEATH	O OREG. NO.	1 4 7 4
1. DECEASED NAME FIRST MIDDL	E LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
Ruth	Walker	4	1 1986 <sub>M</sub>
1 SEX 4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
female black	5 14 25	59 <sub>Y</sub>	RS DAYS HOURS MIN.
BIRTHPLACE   STATE OR FOREIGN 76. CITIZEN OF WHA	MARRIED X NEVER MARRIED	9 BALTIMORE CITY OR COL	
COUNTRY) MD USA	WIDOWED DIVORCED	Baltimore ci	ty MD
	PITAL, NURSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	IZE. KIND OF BUSINESS OR
Baltimore 1028 St	oddard Court	Housewife	INDUSTRY
UAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE THE STATE MD 136.	RESIDENCE BEFORE ADMISSION)  OTY OR TOWN  Baltimore   13d Inside City Limits?	130 STREET ADDRESS / ZIP C	CODE Ct. 21201
14 FATHER'S NAME	IS MOTHER'S MAIDEN N		
Van Lear MIDDLE Rec	lmond Rüth	WIDDLE	Grannage
	SOCIAL SECURITY NO. 17 INFORMANT	ADDRESS	
(YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	216-20-8335   Richard Wal	ker 1028 Stodda	rd Ct.
18 CAUSE OF DEATH (Enter only one couse per lige	far (p), (b), and the A	1 0	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART 1. DEATH WAS CAUSED BY:	ta state breass	Carcinom	6
DUE TO OR AS	A CONSEQUENCE OF		THE THE THE
Conditions, if ony, which			
gove rise to immediate cause (a), stating the DUFTO OR AS	A CONSEQUENCE OF		
underlying couse last.			
PART 2. OTHER SIGNIFICANT CONDITIONS CONTI	RIBUTING TO DEATH BUT NOT RELATED TO THE TE	rminal disease or condition	GIVEN IN PART 110
19a DATE OF OPERATION 19b CONDITION  21a, ACCIDENT WAS UNDERLYING 21b, TIME OF IN			
190 DATE OF OPERATION 196 CONDITION	N FOR WHICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. I	F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?
1		YES NO	YES NO
CO COLUMN TOUR COURSE OF DELTA HOUR A.M.		JRRED (ENTER NATURE OF INJURY IN ITE	M IB PART I OR PART 2)
(IF EITHER NOTIFY MEDICAL EXAMINER) P.M.	19		
(IF EITHER NOTIFY MEDICAL EXAMINER)  21d INJURY OCCURRED  NOTIFY MEDICAL EXAMINER)  21e PLACE OF II (AT HOME STREET, F	NJURY ACTORY, OFFICE, FARM, ETC.)  211 LOCATION STREET	CITY OR TOWN	COUNTY
NOT WHILE AT WORK	2011	1, 1	10.6/
22a.1 certify that (1) (this hospital) attended the desay the deceosed olive an	ceosed from Access acc, 19 8	4. to 11 prus	, 19 / 20, that (I) (we) lost
obave, (1) (we) (did) (did not) view the body ofte	r defath.	on death occurred on the date one	
226. SIGNATU USUS Sorre	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	220 DATE SIGNED 4/1/86
22d. PHYSICIAN'S NAME (TYPE OR PRINT)	- C 22e ADDRESS	rison pluze	BRITA
NISHA SOPE	7300 Car	17009	2/3/6
23a. BURIAL, CREMATION, REMOVAL 23b. DATE	23¢ NAME OF CEMETERY OR CREMATOR	y 23d LOCATION	
Burial 4/4/86	Mt. Auburn Cem.	Balltimore	COUNTY

DHMH - 16 60M 7/B4 (VRA 15, 4)

Wm C. March F/H 1101 E. North Avenue

250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

APRO3 1986 Julia Duridson Harris



## STATE OF MARYLAND

FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AN CERTIFICATE OF		♣ REG. NO.	1 -13	. 7
I. DECEASED NAME FIRS	T MIDDLE	LAST	2a. DATE	E OF DEATH MONTH	DAY TEAR	2ь нойк
He1	en G. Wall	ace	600	April 8	3,1986	2:45pm
1.5EX	4. RACE	5. DATE OF BIRTH		(IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
Female	White	1-25-18	93	93 YRS.		HOURS MIN.
M. BIRTHPLACE (STATE OR FOREIG	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVE	R MARRIED (2) 9 BALTI	MORE CITY OR COUNT	Y OF DEATH	
Oriole,Md.	U.S.	WIDOWED	DIVORCED   Ba	ltimore Ci		MD.
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE	T ADDRESS)	ISTITUTION 12a USU	JAL OCCUPATION WORK FOR MOST OF WORKING L CRETARY	12b. KIND O	F BUSINESS OR
Baltimore SUAL RESIDENCE (IF NURSING HO	Wesley Home	, Inc.		Cretary	Nall	Loau
	COUNTY 136. CITY OR TO	VN 13d INSIDE	NO   13e. STRE	eet ADDRESS 1 W. Roge 1	rs Ave.	-21209
FATHER'S NAME	MIDDLE LAST	15. MOTHE	R'S MAIDEN NAME	WIDDLE	LAST	
George E.	Wallace	Ke	turah		Giles	
(YES NO OR UNKNOWN) (HEY	S. ARMED FORCES? 166 SOCIAL SEC	URITY NO. 17 INFOR	MANT	ADDRESS		
unknown	705-09-	0513 Wes1	ey Home, In	c. 2211 W.	. Roger	s Ave.
	er anly ane cause per line far (a), (b), a	nd (c)	INFARCTION		APPROXU	MATE INTERVAL DINSET AND DEATH
Conditions, if any, which		DENCE OF AR	TERY DIS	MIE	Yen	7e_5
cause (a), stating the underlying cause las	DUE TO, OR AS A CONSEQU					
PART 2 OTHER SIGNIFICA	ANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELAT	ED TO THE TERMINAL DISE	EASE OR CONDITION GI	IVEN IN PART 10	1
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYIN	196, CONDITION FOR WHICH	HOPERATION WAS PER	FORMED 20a AI	IN CERT	S, WERE FINDIN IFYING CAUSES 'ES []	IGS USED OF DEATH?
21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE ( UF EITHER NOTIFY MEDICAL EXA 21d. IN JURY OCCURRED	DEDEATH HOUR A.M. MONTH	PAY YEAR	INJURY OCCURRED (ENTER	R NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)	
21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 211 LOCA STRI		CITY OR TOWN	COUNTY	STATE
270 L contifue that (1) (this	hasnital) attended the deserred from	7-1	10 79	4-5	062	

DIVISION OF VITAL RECORDS, 201 W.

DHMH - 16 50M 1/B1 (VRA 15, 4)

MPORTANT: H

23a. BURIAL, CREMATION, REMOVAL Burial 24. FUNERAL DIRECTOR

4/11/86

view the bady after death

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery

DEGREE

22e ADDRESS

M.D.

M.D

and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated

MEDICAL STAFF DIRECTOR PHYSICIAN

PHYSICIAN

Baltimore, Md Md Mc Mounty

STATE

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

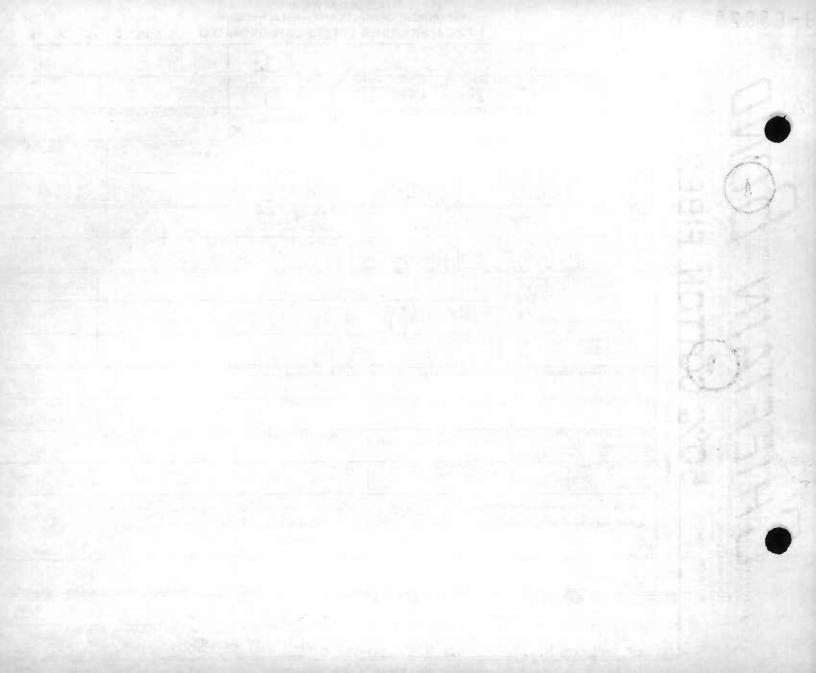
MITCHELL-WIEDEFELD HOME, INC.

6500 York Rd.

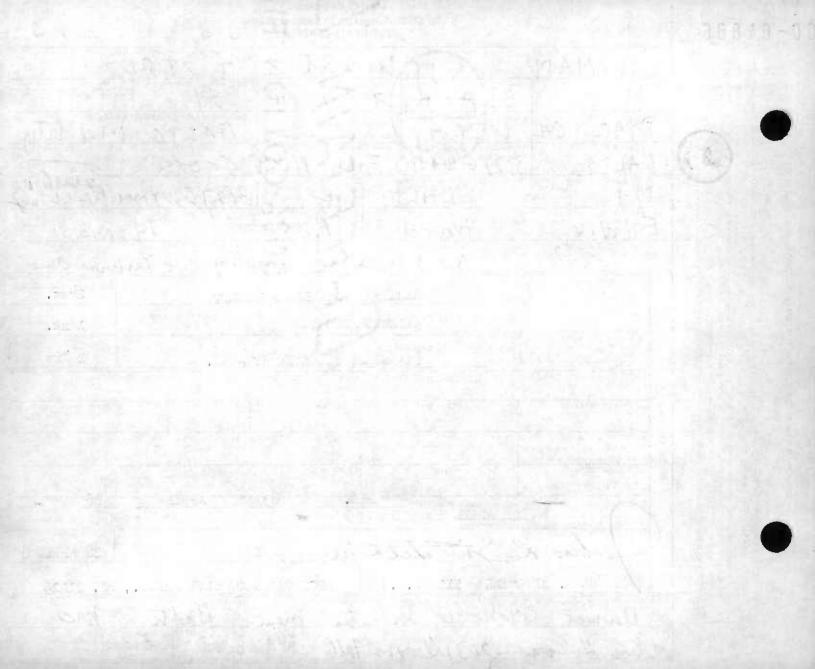
- wandon fandales

the new little agety is wife an americal in Element of the self-use error - 25 in Sawi

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-	05	929	11-	FOR STATE				MENT OF							1	. 3	150	,
			1.	REGISTRAR		MEI	DICAL	EXAMIN	ER'S	CERTIFIC	CATEO	F DEA	THO	REG. N	0.	La	7 5	•
		1		CEASED NAME	FIRST		MIDDLE			LAST		2	a. DATE N	NOWN N	MONTH	DAY	YEAR 2	h HOUR
		W ~	(1)	PE OR PRINT)	Harry				E	ard	10	2	OF DEATH	E311-	7	20/1	00	
		PLEASE ECTOR ? FILES. STREET.	3. SE	Х	4. RACE	5. DATE OF BIRTH		6 AGE (IN YE			IF UNDER	24 HRS 1	2c. DATE		MONTH L	28/19	YEAR 1	W
		ST ST				MONTH DAY	YEAR	LAST BIRTHD			HOURS		RONOUN	CED				HOUR 11:12
1		P S S S S S S S S S S S S S S S S S S S		Male	Black	08-0.1-19			RS.				DEAD		4/		9 86	Рм
,	-	RES THE RES	7a E	SIRTHPLACE (ST OREIGN COUNTRY)	IATE OR	76. CITIZEN OF WH		ITRY?	B. MARR	IED NE	VER MARRI	ED .	9 BALTIMO	ORE CITY C	OR COUN	TY OF DE	ATH	
		NECESSARY, PLEASE FUNERAL DIRECTOR. 5 FOR YOUR FILES. WITHIN 72 HOURS W PRESTON STREET.		oreign country)		USA			WIDOV		DIVORCI	ED A	Balt	imore	City	У,		MD.
		SHWEN /	10. 0	ITY OR TOWN	OF DEATH	11. NAME OF HOS	PITAL, NU	RSING HOM	E, OR OTH	IER INSTITU	TION	12a. USU.	AL OCCUP	ATION (TYP	E OF WORK	12b. KIND	OF BUSI	NESS
	/	300 TE		Baltin	nore	Luther	an Ho	spita]				F	etire	ed"		Milit	ary	
	6	2236%	USU	AL RESIDENCE STATE	(IF IN NURSING HOME O	R OTHER INSTITUTION, GI	E RESIDENCE	BEFORE ADMISSI	ON)	Lat wene e		lie cros				217	11	
	1 in	45	Ma	ryland	BALTI	MORE	Ba	or IOWN 1 timor	е	YES T	NO [	1110	) Warv	wick A	Avenu	ie ok	16	
	-	THE STATE OF	14. F	ATHER'S NAME		WIDDLE		1447			R'S MAIDE	NAME		DDLE		LAS		
	2	200	C.	Harr	У	Wa	ard S	r.		Elí	zabet	h	ANIC	DDIE	Цота	ard	21	
	Ö	232.7	16a.	WAS DECEASED	DEVER IN U.S. ARA	MED FORCES?	16b. SO	IAL SECURIT	Y NO.	17. INFORA	TAAN			ADDRESS	S TIOW	aru		
	ALTIN	24 HOURS AFTER TEM 18. GIVE PLONG WITH FOR PREMIT. PAGES SIENE, DIVISION VAL.	L	YES NO. OR UNKNO	1965-1	1968 ATES)	220	-22-37	84	Jose	phine	Ut16	ey 845	5 Vine	e Str	eet		
	1.	MIT. PIN		IB. CAUSE O	F DEATH (Enter onl	y one cause per line	for (o), (b	), and (c).)				III-	1.1			APPR	OXIMATE IN	TERVAL ND DEATH
	N N	24 HOU LONG PERMI GIENE, VAL.		PARTIDE	ATH WAS CAUSED  IMMEDIAT	E CAUSE (o)	Arten	cioscle	eroti	c Card	diovas	scula	r Dis	ease				
	PRESTON		1	11 35		DUE TO, OR	AS A CON	SEQUENCE	OF		7 7 2 7						-	
	800	WITHIN NCIL IN INER A IRANSIT ITAL HY			ns, if any, which	(b)												
		NCI NCI RATA			stating the under-	< ' '	AS A CON	ISEQUENCE	OF									
	201	E KEEK		lying cou	se last.	(4)												
	DS,	AND	1	PART 2 OTHER SH	GNIFICANT CONDITIONS (	(c)(ONTRIBUTING TO DEATH	BUT NOT RELA	TED TO THE TERM	INAL DISEAS	F OR CONDITION	N GIVEN IN PAR	PT 1 (a)						
	RECORDS, 201 W.	HO VIN	Z	100														
	R	LEAN ME	CERTIFICATION	19a. DATE OF	OPERATION	19b. CONDIT	ION FOR	WHICH OPER	ATION W	AS PERFOR	MED?					20 AU	TOPSY?	
	DIVISION OF VITAL	DE LE LES	1 1 1			1 - 1										VE	s 🗆	NO X
	<u> </u>	AE WOOD BE CHEN	3 8	21a EXTERNA	L CAUSE WAS	216 TIME OF			21c. H	OW INJURY	OCCURRE	D (ENTER N	ATURE OF INJU	JRY IN ITEM 18	PART I OR PA		3 🗀	INO IAJ
	0			UNDERLYING			МОИТН	DAY YEAR	3									
	Sio	CERTIFICATION 3 SHOOP DEPAR	MEDICAL	214 INHITRY C	NG CAUSE OF D	P.M. 21e PLACE C	OF INIURY	19 (ATHOME	21f I C	CATION								
	Σ		ME	WHILE	NOT WHILE C	STREET FACT				TREET			CITY OR TOW	'N	со	YTAU		STATE
	_			AT WORK	AT WORK													
		SASSAS SASSAS		226. I certif	fy that I took charg	e of the remains des	cribed for	ve, held on	Autop	sy .	Inspection	. K.	Inquiry	, on	nd in my or	pinion		
		ME WOLL		death resulte	ed from: Notur	al causes X	Acceptant	N Su	icide	, Homic	ide .	Undete	rmined mar	nner .				
		AR WINE					X	1		TITLE (SI	PECIFY)							
		A TAPE		ACTUAL SIGNATURE		/	1	/ V	N	D Assi	istant	L MEDIC	CAL EXAMI	NER	DATE	ED 4	/29/	86
		DEA STATE	1				-								01011			
		MEDIA GE 4 FUN FUN	1	EXAMINER'S I	Gre Gre	gory R. K	auffr	nan, M.	D.	ADDRESS_	]	111 P	enn S	t.				
		TO MEDICAL EXAMINER IN EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FORW TO FUNEAL DIRECTOR, PAFTER DEATH, WITH THE STABLIMORE, MARYLAND; 2 1 1 1.1	23a. E	SURIAL, CREMAT	TION, REMOVAL 2	3b. DATE	23c. 1	NAME OF CE	METERY C	RCREMATO	ORY	23d. LOC				ALTY -		
	07/84	BP	1	Bu	rial (	05-05-86	Cr	ownsvi	11e	Va. Ce	emeter	:y "C:	rowns	ville	, Mar	rylan	d STATE	
	25M	DHMH - 17	24 F	UNERAL DIREC							25a. DATE R	REC'D. BY			ISTRAR'S S	GNATUR	5	2_
		(VR A15 ME (5))	R	COURT /The	mneon F	H. 1913	A R	Itimor	o St	reet	MA	AY O	1986	5	The state of	GNATUR June /	- Alver	
				TANKITY TITLE	AUTOCAL TO		YY A DC		<u></u>									



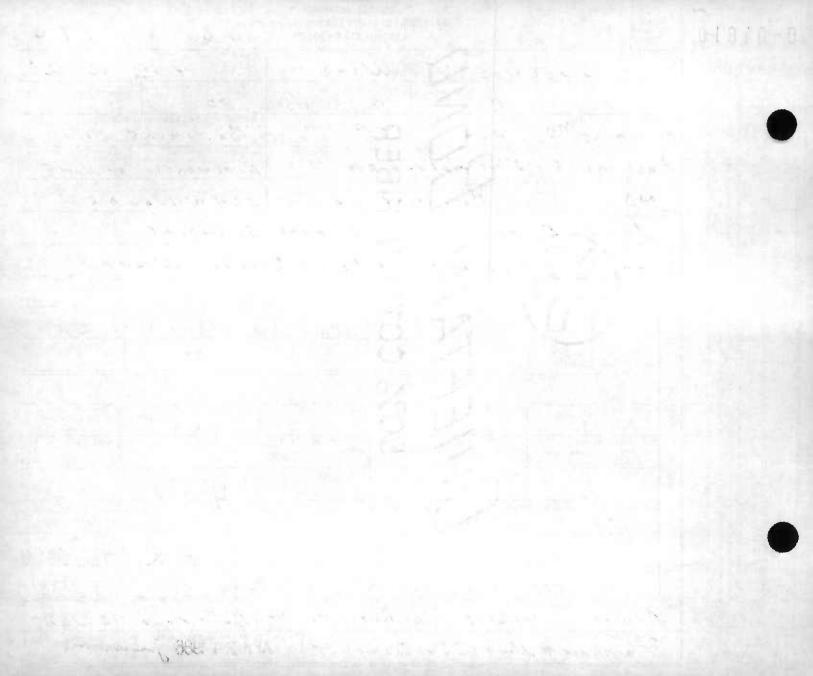
		STATE OF MARYLAND	
1-04886	11	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE	1006
04000	L	REGISTRAR CERTIFICATE OF DEATH & REG. NO.	1 4 7 3
nay be poge 3	1. DE	CEASED NAME FIRST MIDDLE WARD 20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
offe offe	3. SE	4. RACE S. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
Page 4	70 E	YRS.  SIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8. 9 BALTIMORE CITY OR COUNTRY? 8.	TY OF DEATH
deoth.		PYACON GA U, S, A MARRIED NEVER MARRIED DIVORCED	med litymo.
10 s ofter	) 0	11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 120 USUAL OCCUPATION 3 (ENGLAS OF WARRING TYPE OF OR OR OF THE WORKING	126 KIND OF BUSINESS OR INDUSTRY
MARYLAND 21201 ed within 24 hours c impletely filled in bind 2 should fi	95U 13a. 70	JAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)  136 COUNTY  136 COUNTY  137 TREET ADDRESS  YES 14 NO 1	21216 VIL
MARYLA within d within pletely ind 2 short	14 F	ATHER'S NAME  ATHER'S NAME  IS. MOTHER'S MAIDEN NAME  MIDDLE  MIDDLE  MIDDLE	(AST
	160	WAS DECEASED EVER IN H.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	LDM 95
BALTIMORE, cote be execu- sysican and compers. Pages 1 vol.			union one
		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  CEREBRAL VASCULAR ACCIDENT	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 LS
PRESTON ST., he death certifi he ottending ph emove carbon motion, or rems r froumotic even		DUE TO, OR AS A CONSEQUENCE DISORDER	l wk.
the de removements		Conditions, if ony, which gove rise to immediate couse (a), stating the DUETO, OR AS A CONSEQUENCE OF	T MV*
on w		underlying cause lost TRANSIENT ISCHEMIC ATTACKS.	2 hrs
RDS, 20 aquires aquires to burn plury, and p	NO	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION G	IVEN IN PART 110
NG PHYSICIAN: The low require ottending physician. We net this certificate has been sign of the burial-transit permit. Then had Mental Hygiene prior to be prived or them 18 shows ony injury orked or them 18 shows ony injury	CERTIFICATI	_ IN CERT	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \( \text{VES} \)
N OF VITAL SICIAN: The ng physicion certificate hariol-tronsus gental Hygier ltem 18 show		216. ACCIDENT WAS UNDERLYING 218. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR	
HYSICIAI nding ph his certifi e buriol-it d Aentol	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19	
DIVISION DING PHY or ottendin After this e os the bu olth and M marked or	MED	21d INJURY OCCURRED  WHILE AT WORK AT WORK  21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)  21f. LOCATION STREET CITY OR TOWN	COUNTY STATE
OR: A		that (I) (this heaphol) attended the deceased from 19 3 to APRIL	. 19 86 , that (1) (#e) lost
REC REC Ppt opt of	1	saw re deceased alive on 26 APRTT. 19 86, and that in (my) ( ) opinion death occurred on the date and had above (th) (we) (did) (did not) view the body after death.  DEGREE	
	1	Joshus R. Sine delle up ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	28 APRIL 8
TO HOSPITAL Cretoined by the TO FUNERAL D Should be detack with the Stote D IMPORTANT; if		22d. FLYSICIAN'S NAME (TYPE OR PRINT) 220 ADDRESS	
TO HOSS retoined TO FUN should b with the	724	JOSHMA R. MITCHELL III M.D. 2202 GARRISON BLVD BALTO,	., ND. 21226
BP		David 4-30-86 Phoseter men Batte	and star
DHMH - 16 50M 1/81 (VRA 15, 4)	DM	UNMALDRECTOR & PROPERTY BOOK BOOK APR 28 1986 When Day	PROPERTY OF THE PARTY OF THE PA
	16.16	and by and all the long in a good in	



	6		FOR	DEDAL		OF MARYLAND	IENIE			
0 -	046170	1.	STATE REGISTRAR	DEFAI		EALTH AND MENTAL HYG ICATE OF DEATH	S Q REG. N	0.	1 2	9 6
	ny be oge 3 deoth		CEASED NAME FIRST	ENIE V	u	IAR)	20. DATE OF DEATH	MONTH DAY	SC.	26 HOUR 2 A <sub>M</sub>
	ge 4 may ector. po rs ofter d	3. SE	X	4 RACE	5. DATE O		6 AGE (IN YEARS LAST BIR	THDAY)  IF C  MON  YRS	THS DAYS	HOURS MIN.
	eath. Pog neral din n 72 hou	1	RTHPLACE (STATE OR FOREIGN ON THE COUNTRY)	76 CITIZEN OF WHAT COUNTR	MARRIE	NEVER MARRIED DIVORCED	9. BALTIMORE CITY O	M OA U	DEATH	Ty MD.
0.1	by the fune filed within	10 C	ALTINOR OF DEATH	11. NAME OF HOSPITAL, NUR		OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O	F WORKING LIFE)	126. KIND OF	BUSINESS OR
ND 212	filled in suld be f	.USU 13a.	AL RESIDENCE (IF NURSING HOME OR TATE 13b. COUN	NTY 12 CITY OR TO		13d INSIDE CITY LIMITS? YES A NO	13e.STREET ADDRESS	ZIP CODE	AUS	201
MARYLA	mpletely ond 2 sh	14 F	ATHER'S NAME  A PIRST  B WW B	MIDDLE Y D LAST		15. MOTHER'S MAIDEN NAME TO SERVE TO SE	SA - NIDOLE	h.S	LAST	
BALTIMORE,	Pages Pages medicol			RMED FORCES? 16b SOCIAL SE VE WAR OR DATES! 2/6 /8-26		NELSON B	ADDRI BYD 5611 2	VolVari	AUE	
PRESTON ST., BAL	e deoth certificate tottending physici nove corbanooper ation, or removal traumatic event, th		PART I DEATH WAS CAUSE	nly one cause per line for (a), (b), IDBY: TE CAUSE (a) GASTO DUE TO, OR AS A CONSEC	DINIE	STINAL H YMPHOCYT	EMORRY A	CEMIA	11	ACATH OCATH YEAKS
201 W.	gned by the n pleose rer buriol, crem iry, or other	-	couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEC (c)  CONDITIONS CONTRIBUTING T		NOT RELATED TO THE TERM	IINAL DISEASE OR CON	DITION GIVEN	IN PART 110	
DIVISION OF VITAL RECORDS,	The law requicion.  te has been sinst permit. The green prior to shows any injury	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATIO		200 AUTOPSY? YES NO	20b. IF YES, W IN CERTIFYIN YES [	IG CAUSES	GS USED OF DEATH? NO []
ION OF VII	PHYSICIAN: The ending physician this certificate the buriol-transit and Mental Hygin do ar Item 18 she	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AMES OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED	HOUR A.M. MONTH P.M.  21e PLACE OF INJURY	19	21c HOW INJURY OCCURI	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	ORPART 2)	STATE
DIVIS	en or other office of the offi	×	WHILE AT WORK  220.1 certify that (I) (this hospi	(AT HOME STREET, FACTORY OFF	m 19	nd that in (my) (aur) apinian		106 , 19 ate and have on	, t	hat (1) (we) last
	TAL OR ATTE yy the hospit RAL DIRECTO detoched for tote Dept of NT: If Item 21		27b. SIGNATURE AM	It view the bbdy after death.		DEGREE  ATTENDING PHYSICIAN	MEDICAL STA	FF V	22c. DATE S	
	TO HOSPITAL etained by the TO FUNERAL should be detained with the State (MAPORTANT: III	A.C.	S NELLO A	V AMSE		22 S (4)	CENE S	TB	ALT	21201
	ВР	730	BURIAL, CREMATION, REMOVAL	236 DATE 4/22/86 25		EMETERY OR CREMATORY	13d LOCATION BOTTON	yours,"	2 624	12 2 TATE
		■ 77 E	INTER ALL DIRECTOR			125 DAT	L DEC'TO DV DECTEADAD	DEC DECTEAD	NO CHOLLATI	IDC /

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR
NOTABLE TO Slages (3 50 %) C. I MUR ST



1		FOR STATE REGISTRAR		DEPARTA	MENT OF H	E OF MARYLAND IEALTH AND MENTAL HYC ICATE OF DEATH	G O REG. N		1 2	9 7
1		CEASED NAME FIRST OR PRINT)		MIDDLE		AST	20. DATE OF DEATH	4-21-	86 YEAR	26 HOUR
1		THOM				ARD		7 21	060	7-17 W
~	3 SEX		4 RACE		5 DATE OF BIRTH  MONTH DAY YEAR		6. AGE (IN YEARS LAST BIR		UNDER I YEAR	HOURS MIN.
		MALE	WHITE		OCT. 24 1907		78	YRS		
frag	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)		76 CITIZEN OF WHAT COUNTRY?		MARRIED NEVER MARRIED		* BALTIMBELITYS	E COPNIT FO	EDEATH	
-		MD.		U.S.A.		DIVORCED	parte al			MD.
6	Baltimore		11. NAME OF HOSPITAL, NURSING HOM (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  Lutheran Hospit		address)		126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTR)  STORE MANAGER GROCE			
		AL RESIDENCE (IF NURSING HOME OF TATE 136 COU		BALTIMO	N	134 INSIDE CITY LIMITS? YES X NO		ZIP CODE 'RANKL	IN ST	21201
0	14 F.A	THOMAS	MIDDLE H.	WARD		15. MOTHER'S MAIDEN NA MARY	MIDDLE		VAE	
/		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	MED FORCES? 166 SOCIAL SECURIT			EDNA SANDS, SISTER,			21200	
	Z	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	(c)_	R AS A CONSEQUE THE MU ONTRIBUTING TO D	NCE OF	hemolys NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN	IN PART 1:0	3
2	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO			N WAS PERFORMED 200 AUTOPSY YES NO		20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO		
7	_	210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [] CAUSE OF DE	NDERLYING   216. TIME OF INJURY CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART							
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE (AT HOME ST	OF INJURY REET, FACTORY OFFICE, F	ARM, ETC.)	21f LOCATION STREET	CITY OR TO	wn 1	COUNTY	STATE
		220. I certify that (1) (this haspital) aftended the deceased from 4-19, 1986, to 4-21, 15 saw the deceased alive an 4-24, 1986, and that in (my) (our) opinion death accurred on the date and have above, (1) (we) (did) (did not) view the body after death.								that (1) (we) last causes stated
		226 SIGNATURE BULLTM	shg				MEDICAL STA	FF CIAN 🔀	22c. DATE 5	1-86
1		1270 PHYSICIAN'S NAME (TYPE	DUP A	14		LUTHERAN	1 HOSPIT	AL		
		BURIAL, CREMATION, REMOVA SPECIFY) BURIAL	236. DATE 4/23			AND MEM. PK	BALTIMO	ORE	OUNTY	MD .STATE

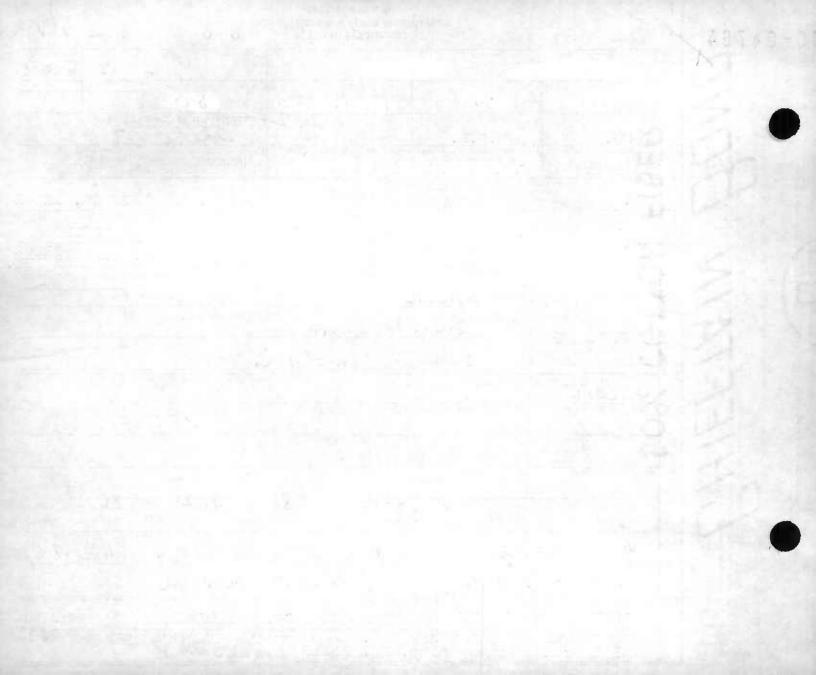
21213

DHMH - 16 60M 7/84 (VRA 15, 4)

<sup>24 FUNERAL</sup> SCHIMUNEK FUNERAL HOME, INC. 3331 Brehms Lane, Balto. Md.

PK.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR S. SIGNATURE M



DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN K (TYPE OR PRINT) ESTI-FOR YOUR FILES. WITHIN 72 HOURS PRESTON STREET, DEATH MATED 1986 LOUIS W. WARNER 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE 2d HOUR LAST BIRTHDAY PRONOUNCED 8:16 AM Male White 10 -21-1958 27 YPS DEAD 1986 To BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Maryland U.S.A. WIDOWED [ DIVORCED Baltimore City IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 120. KIND OF BUSINESS Self En Carpenter Empl. Johns Hopkins Hospital Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 13b COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Baltimore NO [ 3512 Gough Street 21224 Marvland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME 18. GIVE PAGES 1, WITH FORM PM VIT. PAGES 1 AND DIVISION OF WITH MIDDLE FIRST LAST MIDDLE FIRST Fedi Louis Walter Warner Sr. Rose 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) ( IF YES GIVE WAR OR DATES) - 78-2702 Mr. Louis W. Warner Sr. 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Stab wound of abdomen DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF ED AS A BURIAL-HEALTH AND MEI AL, CREMATION, C lying couse lost. PART 2 DIHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) CERTIFICATION ARDED TO THE CARE SHOWN OF THE CARE SHOULD BE USE.

\*\*TE DEPARTMENT OF HEA!

\*\*TO BURIAL, CARE SHOWN OF THEA! 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES & NO . 210. EXTERNAL CAUSE WAS 21h. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING A OR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH 1:30xx 4--2-1986 Subject stabbed. 21e PLACE OF INJURY (ATHOME. 21d INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) STATE WHILE AT WORK TO MELL.
EXECUTE THE CERT.
PAGE 4 SHOULD BE FOKE.
TO FUNERAL DIRECTOR: PAGE
AFTER DEATH, WITH THE STATE
OF WILL MORE, MARYLAND, 2127 2300 blk. Boston St., Balto. street MD X 22a. I certify that I took charge of the remains where d above, held an Autopsy Inspection Inquiry ond in my apinion Homicide X death resulted from Natural couses Undetermined monner TITLE (SPECIFY) Assistant 4 - 3 - 86MEDICAL EXAMINER EXAMINER'S NAME Dennis F. Smyth, M.D. ADDRESS 111 Penn St., Balto., MD (TYPE OR PRINT) 07/84 25M 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR **DHMH - 17** (VR A15 ME (5))

STATE OF MARYLAND

		FOR		EDADT	STAT MENT OF H		AND		VCIENE					
050818	1-	STATE REGISTRAR			EXAMIN					46	1	1	29	9
00000		CEASED NAME FIRST		MIDDLE		-11 3	LAST	JAIL O		DATE KNO	REG. NO.	MONTH	DAY YEAR	26 HOUR
ت ۵۵ مرنہ س	(TYP	Jesse			Y-7-	achir	aton			OF ES	STI-		25/9 8	
LEAS FILES PUR REET	3. SE)		5. DATE OF BIRTH		6. AGE (IN YEA		DER TYR.	IF UNDER		DATE		4/	25/9 8 DAY YEAR	
ATH. IF ANY DELAY IS NECESSARY PLEASE S I, 2, AND 3 TO THE FUNERAL DIRECTOR. PM 3, RETAIN PAGE 5 FOR YOUR FILES. NO & SHOULD BE FILED, WITHIN 72 HOURS. VITAL RECORDS (20) W. PRESION STREET.	Ma	ale Black	10 27	93	92 YR		IS DAYS	HOURS		DEAD		11	25/1986	8:00°
A SE	7a Bl	RTHPLACE (STATE OR	76. CITIZEN OF WH			2			9. [	BALTIMORE	CITY OR C	COUNTY	OFDEATH	1 I M
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× En S	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSE			OR OTH	ER INSTITUT	TION	12a. USUAL	OCCUPATI	ON (TYPE OF		2b. KIND OF BU OR INDUST	
A E S		Baltimore	3016 Ha	arlem	AVe.					PLOYE			OK IIADOSI	KT
N S S S	USUA 13a S	L RESIDENCE (IF IN NURSING HOME OF			OR TOWN	N)	13d. INSIDE CI	TY LIMITS?					1	1
(A)	100	Md.		Ba	lto.		YES X	NO 🗆	13e STREET 3016	Harl	em Av	е	2121	6
TAL	14. F/	ATHER'S NAME	MIDDLE		LAST	100	IS. MOTHE	R'S MAIDEI	NAME	MIDDLE			LAST	
300	1	Jnkn					Un			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			200	
	16a. V	VAS DECEASED EVER IN U.S. AR	MED FORCES? WAR OR DATES)	16b. SOC	IAL SECURITY	NO.	17 INFORM	TAAN		A	DDRESS			4 0 0 4
DIVISION		Yes WWI	WAR OKOATEO,	213	-05-405	3	Earl	ene W	ashing	gton	3016	Har	rlem Av	e.
5		18. CAUSE OF DEATH (Enter on	ly one cause per line	far (a), (b)	, ond (c).)				110110	DV.	-	•	APPROXIMAT BETWEEN ONSE	E INTERVAL T AND DEATH
PERMIT. SIENE, D VAL.		PART I DEATH WAS CAUSE IMMEDIA	TE CAUSE (a) A	cteri	oscler	otic	Cardi	ovasc	ular I	Diseas	se			
ALONG IT PERMI IYGIENE, NOVAL			DUE TO, OR	AS A CON	ISEQUENCE C	F					-0-1			3
BURIAL - TRANSIT PERMIT AND MENTAL HYGIENE, ATION, OR REMOVAL.		Canditions, if any, which gove rise to immediate	(b)						2.4					
SEL S		cause (a) stating the <u>under-</u> lying couse last.	<	AS A CON	ISEOUENCE C	F				10	7			
OF HEALTH AND MEI		Tyning coose idsi.	(c)							35	21			
MAT	7	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH B	UT NOT RELA	TEO TO THE TERMI	NAL OISEASI	OR CONDITION	N GIVEN IN PAR	T 1 (a).					
S	CERTIFICATION	19a DATE OF OPERATION	I 19h CONDIT	ION FOR	WHICH OPER	ATION W	AS PEREOR	MED?					20. AUTOPSY	2
NA A	FIC													
AND, 21201 PRIOR TO BUR	ERTI	21a. EXTERNAL CAUSE WAS	216. TIME OF			21c. HC	W INJURY	OCCURRED	) (ENTER NATU	JRE OF INJURY I	N ITEM TS PART	T T OR PART	YES L	NO X
DT.	ALC	UNDERLYING OR CONTRIBUTING CAUSE OF	HOUR A.M.										- 4.1	
ž )	MEDICAL	214 INJURY OCCURRED	21e PLACE C			211 LO	CATION					1100		
2	ME	WHILE   NOT WHILE	STREET, FACTO	ORY, FARM, E			TREET		CI	TY OR TOWN		COUN	1TY	STATE
		THE STATE OF THE S				1				£2	1			
Q.		22a. I certify that I took charg	F-7	4		Autop	у Ц.	Inspection		Inquiry K	, and ir	n my opin	nion	
7		death resulted from: Natur	ral causes 🔼 ,	Accident	LJ, Sui	cide	, Homic		Undeterm	ined manne	r 🔲,			
XX	-	ACTUAL	X	1)	1/		TITLE (SI	15 D 80				DATE	4.455	100
E.		SIGNATURE	1	1	V	M	D ASSI	stant	MEDICA	LEXAMINE	H	SIGNED	4/27	/86
S.	5	EXAMINER'S NAME GY	gory R. Ka	auffm	an Mil	)		1	11 Pei	on Ch				
BALTIMORE, MARYLAND, 2120	73- PI				NAME OF CEN		ADDRESS_		11 PCI	nn St.				
м		URIAL, CREMATION, REMOVAL		-	arriso				CITY OR T	ings I	Mills	· cMg.	Y S	TATE
-	24. FI	Burial	4/29/86		ui i 130	1 1 01			EC'D. BY RE					-
5))		Wm C March F/H	Wast 430	n Wah	ash Av	ρ.	134	ADD	0010	98	lia Day	idan -	-Variation	
,-11		will C March 1/11	MESC 430	Wal	10311 /\V	٠.		AFR	4919	00.7				JŠ

		THEM 13E. 5-6-86 STATE OF MARYLAND
03581	1.	STATE FER Phone R.L. DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH
moy be poge 3 er death		CEASED NAME ROSSIE WASHING ton 20 DATE OF THE MINDLE
size 4 mo	3. SE	M B MONEY 7 9 9 9 VRS.
1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		RTHPLACE (STATE OR FOREIGN 75. CITIZEN OF WHAT COUNTRY? & MARRIED   NEVER MARRIED   9. BALTIMORE CITY OR COUNTY OF DEATH WIDOWED   DIVORCED   MIDOWED   MIDO
A HO	,	TY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT INSURABLE INTERPRETADORESS)  120 USUAL OCCUPATION (IT YPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY  INDUSTRY
24 ha	130	AL RESIDENCE IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)  STATE  136. CITY OR TOWN 137 138 INSIDE CHY LIMITS?  138. STREET ADDRESS / ZIP CODE  13. STREET ADDRESS / ZIP CODE  13. STREET ADDRESS / ZIP CODE  14. STREET ADDRESS / ZIP CODE  15. MOTHER'S MAIDEN NAME
September of Septe	0	auson ( wohen I more more
be exect.		VAS DECEASED EVER IN U.S. ARMED FORCES?  (16 YES GIVE WAR OR DATES)  ALL SOCIAL SECURITION DO 17 INFORMANT  (16 YES GIVE WAR OR DATES)  ALL SOCIAL SECURITION DO 17 INFORMANT  Buefml
g physic g physic son pape removal	ľ	18 CAUSE OF DEATH lenter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
e death c cortendir other, or traument	ĺ,	Conditions, if ony, which gove rise to immediate
ed by leose rriol, creminol, creminol, creminol, creminol, creminol, creminol, creminol cremi		couse (a), stating the underlying couse last.  (c) DUE TO, OR AS A CONSEQUENCE OF
require sen sign t. Then or to bu	CATION	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
The low sion.  e hos be sit permi	CERTIFICA	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO YES NO
SICIAN: 19 phys certifico riol-tror entol Hy ltem 18	MEDICAL CE	21d. ACCIDENT WAS UNDERLYING 7   21b. TIME OF INJURY   21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)  OR CONTRIBUTING 7 CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19
NG PHY offer this os the b th ond A	MED	216 INJURY OCCURRED  WHILE NOT WHILE AT WORK OF INJURY  AT WORK OF INJURY  (AT HOME STREET, FACTORY, OFFICE FARM ETC.)  AT WORK OF INJURY  (AT HOME STREET, FACTORY, OFFICE FARM ETC.)  AT WORK OF INJURY  (AT HOME STREET, FACTORY, OFFICE FARM ETC.)
spitol or spitol or use for use of Hea		20.1 certify that (1) (this hospital) attended the deceased from
0 . 0 0 0 -		226. SIGNATURE  DEGREE  MATENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHY
TO HOSPITAL Cretoined by the TO FUNERAL I should be detoo with the Store I IMPORTANT. If		22d. PHYSICIAN'S NAME MANCHY MORESS GO T BANTOUT PILE EIMY
BP		SPECIFIC LANGE OF CEMETERY OF CREMATORY 23d. LOCATION 23d. LOCATION SPECIFIC LANGE OF CEMETERY OF CREMATORY 23d. LOCATION STATE STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	24. FI	JNERALDIRECTOR  Cumposs 2302 When APR 15 1986 Gistrar 1350 REGISTRAR 1350 REGISTR



## - STATE REGISTRA

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	En		
9	0		
	DEC	NIO	

1	DECEASED NAME FIRST		IDDLE		INGTON		APRIL 6, 198		YEAR	26. HOUR 09:11pm
1	MALE	4 RACE BLAC	K	5. DATE C		85	6. AGE (IN YEARS LAST BIRTHDA	YRS. 10	UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
1	POT BIRTHPLACE (STATE OR FOREIGN MARYLAND	76. CITIZEN OF V	·A.	8. MARRIE WIDOWE	D NEVER A	AARRIED A	9 BALTIMORE CITY OR CO	OUNTY OF	DEATH	MD
1.45	10. CITY OR TOWN OF DEATH  BALTIMORE	THE JOHN	OSPITAL, NURSIN FACILITY, GIVE STREET A IS HOPKIN	ADDRESS)		ITUTION	124 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO N/A		126 KIND O INDUSTRY	OF BUSINESS OR
1	MARYLAND MARYLAND		BALTIM	N	13d. INSIDE CI	NO 🗌	13e STREET ADDRESS 966 N. CHE	STER	ST.	21205
	14 FATHER'S NAME FIRST  LEONARD  160 WAS DECEASED EVER IN U.S. A	MIDDLE	WASHING			LDAIN	MIDDLE		DAV	
		IVE WAR OR DATES)	UNKNOW				JNG 966 N.C	HESTI		
	18 CAUSE OF DEATH LEnter of PART I. DEATH WAS CAUS IMMEDIA	only one couse per ED BY: ATE CAUSE (0)	Cardiove		tory An	rest			APPROX BETWEEN	Menute interval ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate	DUE TO, OR	Pulmona	NCE OF	emorrha	se			24	- hours
	couse (0), stating the underlying couse last.	(c)	Hepatic	tail	ure				24	2 month
	PART 2 OTHER SIGNIE CANT	mother	TON FOR WHICH	eum	media	stinun	n		VERE FINDIN	
	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	21b. TIME OF		OFERATIO			YES NO	CERTIFYIN YES [	G CAUSES	OF DEATH?
	OR CONTRIBUTING CAUSE OF DE	HOUR A.M	A. MONTH DA A.	Y YEAR	1		RED (ENTER NATURE OF INJURY IN	ITEM 1B PART	1 OR PART 2)	
	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE C	DE INJURY ET, FACTORY, OFFICE, FA		21f. LOCATIO STREET		CITY OR TOWN		COUNTY	STATE
	sow the deceased alive a above, (I) (we (did) (did n	6 April	19	36		7	death occurred on the date of	and hour or	nd from the	
	22d PHYSICIAN'S NAME CTYPE	M Lak	se M	P			MEDICAL STAFF DIRECTOR PHYSICIAN	-	1 .	6-86
1	ALAN 1	M LAI	KE MI		BRI BRI	600 N	303 STALL		1 212	

23c NAME OF CEMETERY OR CREMATORY

CEDAR HILL

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

should be detoc

IMPORTANT: I

230 BURIAL, CREMATION, REMOVAL

BURIAL

DIVISION OF VITAL RECORDS,

24 FUNERAL DIRECTOR
WM.C. MARCH F/H INC. 1101 E.S. E.NORTH AVE.

4-10-86

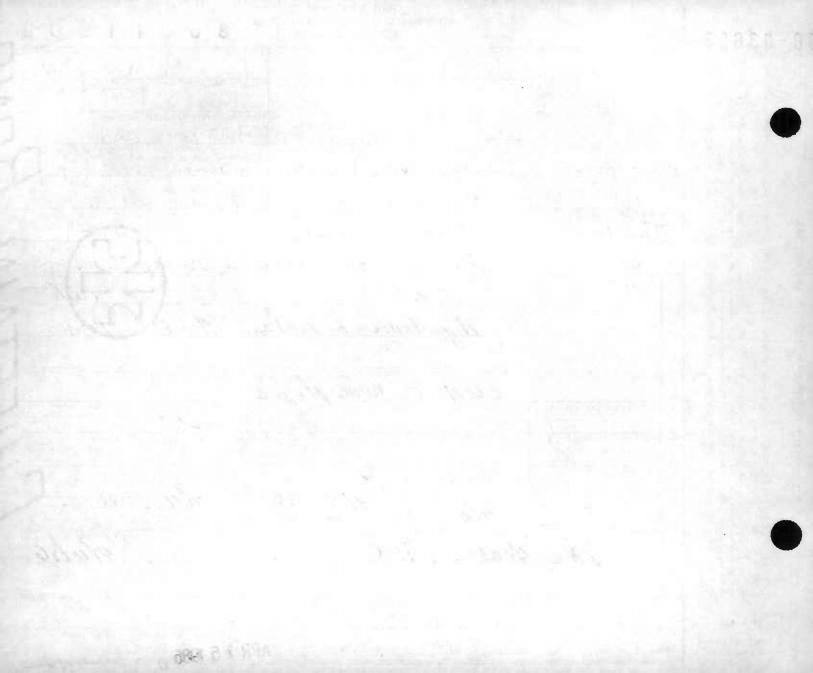
236 DATE

23d LOCATION
ANNE ARUNDEL 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

wie Davidson-Randelle

MARYLAND

GAT LOOK SHARE! Land A Les Tongs I Brings House



00-03775

FOR

#### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REG. NO.	

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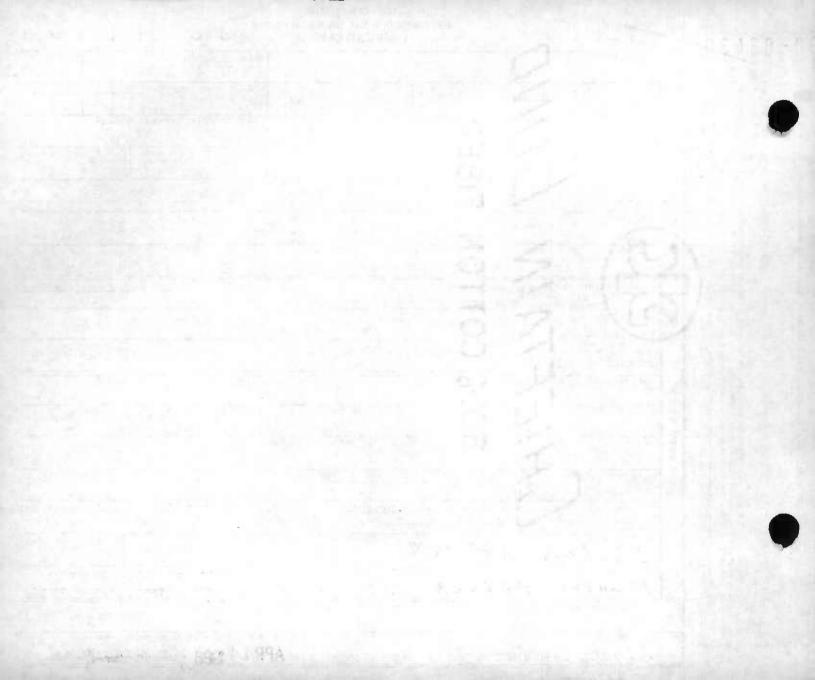
1	1-	STATE REGISTRAR				CERTII	ICATE OF DEATH	8 C	NO.	3 0 3
Ì		EASED NAME	FIRST	M	IDDLE		(AST	20. DATE OF DEATH		YEAR 26 HOUR P
1	(Tring)	OR PRINT)	Estel	le		ľ	VATKINS	April .	10, 1986	10:50M
ı	1 SEX	9	4.	RACE		5. DATE		6. AGE (IN YEARS LAST		
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4	Pa. Bil	THPLACE (STATEORI	FOREIGN 76	CITIZEN OF W	VHAT COUNTRY	8.		9 BALTIMORE CITY	OR COUNTY OF DE	ATH
5	B	DATA AAA		418	. 0	WIDOW	D DEVER MARRIED !		ore City	MD.
9	10. CI	TY OR TOWN OF DEA	ATH 1	1. NAME OF H	OSPITAL, NURSI	NG HOME	OR OTHER INSTITUTION	120. USUAL OCCUPA	ATION 12b.	KIND OF BUSINESS OR
₫		Baltimore			ruland G		l Hospital	Ham & MA		USTRY
1	USUA	L RESIDENCE (IF NURS		THER INSTITUTION	GIVE RESIDENCE BEFOR	E ADMISSION)				
51	13a. S	ACGLAUN	13b. COUNT	Y	BALTE		13d. INSIDE CITY LIMITS	1408 RAT	S / ZIP CODE	21217
7	14. FA	THER'S NAME			1-44 F	٠	15. MOTHER'S MAIDEN		REALSI	4.12.7
	15	THUSBU	RY &	TOHNE			MATILLA	7 BROWN	,	LAST
1		AS DECEASED EVER		ED FORCES? WAR OR DATES)	16h SOCIAL SEC	JRITY NO.	17. INFORMANT	1	PRESS	
ı		No			210 16	7838	MRE ISABETLA	CLEG 1408	RUTRATIS	
1		IL CAUSE OF DEAT	H Enter anly	one cause per l	ine far (a), (b), a	nd Ich			BE	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
١	- 1	PART I. DEATH W	IMMEDIATE		Metasta	tic c	arcinoma of	the breast	(Terminal)	3 years
ı				DUE TO, OR	AS A CONSEQU	ENCE OF				
ı		Canditians, if ony,		( (b)						
1		gove rise to imr cause (a), statin	nediate ig the	DUE TO OR	AS A CONSEQU	ENCE OF				
1		underlying cause		(c)	A3 A CONSECU	Error Or				
1		PART 2 OTHER SIGN	VIFICANT CO	NDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE OR CO	NDITION GIVEN IN P	ART Ita
1	Š.				Chroni	c ren	al failure;	anemia.		
5	CERTIFICATION	190 DATE OF OPERA	TION	196 CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE	FINDINGS USED AUSES OF DEATH?
4	Ψ							YES NO X		NO [
7	8	21a. ACCIDENT WAS UNE		21b. TIME OF	INJURY A. MONTH D	AY YEAR	21c. HOW INJURY OCC	URRED (ENTER NATURE OF IT	JURY IN ITEM 18 PART I OR I	PART 2)
/1	CAL	OR CONTRIBUTING		P.A		19				
1	WEDICAL	21d. INJURY OCCUR	RED	21e. PLACE C			211 LOCATION	CITY OR	town cou	INTY STATE
1	2	AT WO	RK	(AT HOME, STRE	ET, FACTORY, OFFICE.	FARM EIC ]	31826			Jinie
1		220.1 certify that	(this hospital	l) attended the	deceased fram.	Apr	il 6 186			86_, thatCIX(we) last
1		saw the decease above, (1) we) (c	ed alive an_	April		86.0	nd that in (🏋) (aur) apini	on death accurred on the	date and have and fro	am the couses stated
1		22b. SIGNATURE	7	THE WITHE BOOK	//	1	DEGREE			DATE SIGNED
١		100	- Ye	de 1	turn	-1	ATTENDING PHYSICIAN	MEDICAL ST	AFF SICIAN []	pril 11,1986
٦		274 PHYSE IANGE	AME INTE CE	West)	1	-	22e ADDRESS		7,00	7,7,10
1		Tzoı	ng-yuel	h Hwang	, M.D.		c/	o Maryland	General Ho	spital
	230 B	URIAL, CREMATION,	REMOVAL	23b. DATE	236.	NAME OF	CEMETERY OR CREMATOR	Y 230 LOCATION	COUNT	y STATE
	9	BURLAL		4-14	-86 H	BUTU	RO MAM /12	13450		0
	24 FU	NERAL DIRECTOR	^		ADDRESS	1	250.	ATE REC'D. BY REGISTRA	R 25 MREGOTRASS	Children .
					INERZI			II A U ISLAM	/	

DHMH - 16 60M 7/84 (VRA 15, 4)

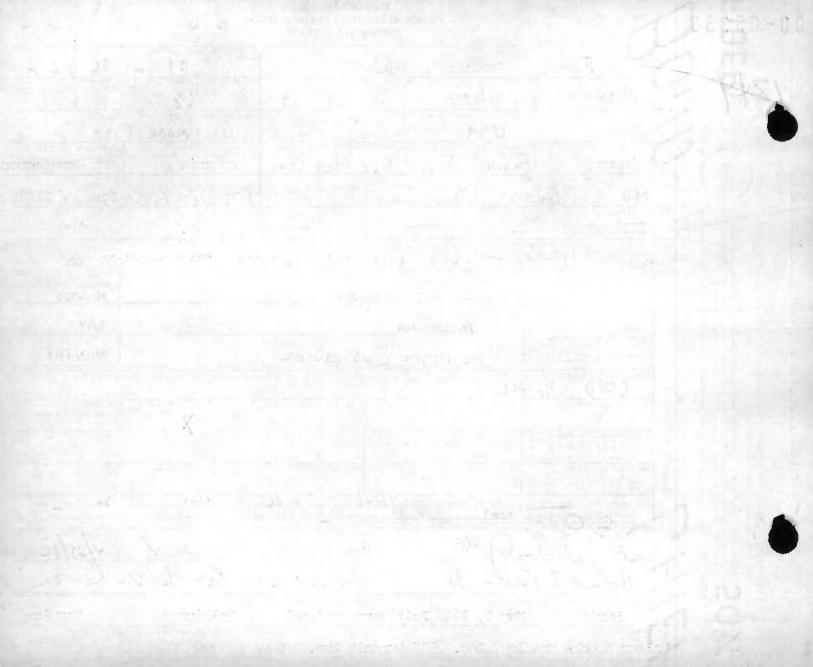
TO PUNERAL DIRECTOR, After this certificate has been signed by the attending

chauld be detached for use as the build-trans) per with the State Dept. of Health and Mental Hygrene MPORTANT: If hem 21 is marked or them 18 sho

(VRA 15, 41



-05358	li	FOR  STATE REGISTRAR	DEPARTMENT O	TATE OF MARYLAND OF HEALTH AND MENTAL HYO TIFICATE OF DEATH	0 0	1305
		ECEASED NAME FIRST	MIDDLE	LAST	REG. NO.  20. DATE OF DEATH MONTH D	DAY YEAR 2b. HOUR
2 75	(14)	FRANK	Emmett 4	JATTS	04 d	
241	1.5	Male		TE OF BIRTH ONTH DAY YEAR		IF UNDER 1 YEAR IF UNDER 24 HRS AONTHS DAYS HOURS MIN.
of the state of	Ma	BIRTHPLACE (STATE OR FOREIGN		RRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY  BALTIMORE	OF DEATH
1	Ba	altimore	11. NAME OF HOSPITAL, NURSING HOA	EY MED GR	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE  Mechanic	12b. KIND OF BUSINESS OR INDUSTRY Box Manufact
1	13a.	MD BA	DR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSI INTY 13 CITY OR TOWN LTO DUNNALLS	13d INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP CODE 7516 WEST FIELD	Rgad / 2122
omplete and 2	1	William	I. Watts	15. MOTHER'S MAIDEN NA Margaret	MIDDLE J.	Flynn
be exected		WAS DECEASED EVER IN U.S. A [YES, NO OR UNKNOWN] (IF YES, G. WOX,	RMED FORCES? 166 SOCIAL SECURITY NO. 116 - 61 - 479		ADDRESS Atts 7516 Westf	
physics copoper emoval.	Г	DADT I DE ATH WAAC CALIC	anly ane couse per line far (a), (b), and (c) is BY:  ATE CAUSE (a) RESPIRATORY F	AILURE		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH MINUTES
death or otherding over carb fron, or r over or		Canditions, if any, which	DUE TO, OR AS A CONSEQUENCE O	F		DAYS
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ngures Then ple to burio	NO.	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVE	EN IN PART 110
hos bee t permit and prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERA	TION WAS PERFORMED	IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH?
p abytic at the at the		210 ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING  CAUSE OF DE		AR 21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	ART I ORPART 2)
otherdin tond Me dedor	MEDICAL	21d. INJURY OCCURRED  MOT WHILE AT WORK	21e, PLACE OF INJURY (AT HOME STREET FACTORY OFFICE, FARM ETC	21f LOCATION	CITY OR TOWN	COUNTY STATE
TOR AF	1	now the decease thelive or	1/14	, and that in (my) (aur) apinian	death accurred an the date and hour	19, that (1) (we) last and from the causes stated
the hose of the best of the be	-	77h SIGNATURE JUL	L QMO.	MO ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED 4/25/86
D FUNER CONTROL DE CONTROL	1	HAROLD J.	Fuebe, Ja	1990 ADDRESS	OTT KEY MEDICA	IL CONTEN
D S 12 2 3 5	23a.	BURIAL, CREMATION, REMOVAL		F CEMETERY OR CREMATORY	23d LOCATION	
BP	74 F	Burial UNERAL DIRECTOR	May 2, 1986 Baltim		Baltimore  E REC'D. BY REGISTRAR 25b. REGISTR	Maryland
DHMH - 16 50M 4/83 (VRA 15, 4)		24448	adley, Inc. 2135 Dur		V 1 1986 Julia S	audour-Randuse



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DHMH - 16 50M 4/83 (VRA 15, 4)

FUNERAL HOME

23a BURIAL CREMATION REMOVAL

BURIAL

24 FUNERAL DIRECTOR

23h DATE

MORELAND MEMORIAL

23c NAME OF CEMETERY OR CREMATORY

BALTIMORE, 25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

STATE

23d LOCATION

ITY OR TOWN

REISTERSTOWN, MD.

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J. H. Erwell Dearman, 10 L. En onta del . M. T.

# FOR STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

3	6 REG. NO.	1	1	3	0	-
	KEG. NO.					

								REG. INC	).			
Э	1 DEC	CEASED NAME FIRST		MIDDLE	1	AST		20 DATE OF DEATH	MONTH	DAY YEAR	2b HOUR	R
1	LITTE	FRANCES	M		woh	hoir	4		4	3 86	MA	HM
	3. SEX	(	4. RACE		5. DATE C			6 AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER ! YEAR	IF UNDER	
		Fenale	Wh	ite.	2 MONTH	2/0	A CO	80	YRS	MONTHS DAYS	HOURS	MIN.
Z		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNT	RY? 8	□ NEVER M	ADDIED W	9 BALTIMORE CITY O	R COUNT	TY OF DEATH		14 =
1	-	WHORE . MD	U.D.	A.	WIDOWE		ORCED	BATIHO	NE.	CLLA		MD.
~	10 CI	TY OR TOWN OF BEATH		HOSPITAL, NUI	RSING HOME C	R OTHER INSTI	TUTION	120 USUAL OCCUPATION		12b. KIND (	F BUSINE	SSOR
1		Baltimore	Deato	n Medic	al Cent	er		Nurse		tile) (14DOSTK)		
L	13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COU		GIVE RESIDENCE BE		13d. INSIDE CIT	TY LIMITS?	13e.STREET ADDRESS /	ZIP COI	DE		
1	N	Maryland —		Balti	more	YES K	NO 🗌	2500 Sout	hern	Ave. 2	21214	
	I4 FA	THER'S NAME	MIDDLE	LAST		15 MOTHER'S	MAIDEN NAM	MIDDLE MIDDLE		LA	C.Y	
		Charles		ehrheim		Ann				Nı		
	16a. W	VAS DECEASED EVER IN U.S. AF	MED FORCES?	166 SOCIALS	ECURITY NO	17 INFORMAN	41	ADDRE	SS			
	1	ES, NO OR UNKNOWN) (IF YES GI		215-01	-4476	Mr.	Charl	es E. Wehrh	eim	Same as	# 1	3e
		18. CAUSE OF DEATH (Enter o	nly one cause	fine for ion (b)	ned icil.		0,	0		APPECS BETWEEN	MATE ON THE	DEATH
	13.7	PART I. DEATH WAS CAUSE	ED BY: TE CAUSE (o	and	eores	Der	atomo	, Lache	ne	2		TOR
			STATUTE OF	R AS A CONSE	OHENCE OF	1	1				4	
		Conditions, if any, which	1 10	Morre -	17	time	2 3	aftery	town	y tree	2	10
		gove rise to immediate couse (a), stoting the	I nue to o	R AS A CONSE	AUENCE DE		111		1	1		
		underlying cause last.	1 DOCTO, O	N AG IN SCIENCE	GUENCEUE		00		-			
		PART 2. OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATED	TO THE TERMI	INAL DISEASE OR CONI	DITION G	IVEN IN PART 1	0	
	0		- W. F.U.									
V	CAT	190 DATE OF OPERATION	19b. COND	ITION FOR WH	ICH OPERATIO	WAS PERFOR	RMED	200 AUTOPSY?		ES, WERE FINDS		
	CERTIFICATION							YES NO		YES []	NO [	
	CE	210. ACCIDENT WAS UNDERLYING		F INJURY M. MONTH	DAV VEAR	21c HOW INJ	URY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18	B PART   OR PART 2)		-
	AL	OR CONTRIBUTING CAUSE OF DE	A111	M.	19	- 1111/2						
	MEDICAL	21d INJURY OCCURRED	21e. PLACE	OF INJURY		211 LOCATIO	N	cur-ce to-	and a	LOUNTY	£1	TATE
3	×	WHILE NOT WHILE AT WORK	(AT HOME ST	REET FACTORY, OFF	ICE, FARM, ETC )	SIKEET	-	0 -			20	AIE
		22a.1 certify that (1) (this hasp	attended th	e_desegsed fro	211	rosely	1985	1 Del	3	1984	that (I) (w	ve) lost
5		saw the deceased alive of abave, (I) (we) (did) (did no	Yarr	23	9 on	d that in (my) (	our) apinion d	leoth accurred on the pla	ite and ha	our and from the	couses sta	ited
	5	22b SIGNATURE	or) view/the body	atter death.	1	DEGREE		/		22c DATE	SIGNED	
		XU	J7 2	0.1			TENDING HYSICIAN	MEDICAL STAF	F IAN	41	3/5	4
	1	224 PHYSICIAN NAME (TYPE	OR PRINT)			22e ADDRESS				<b>—</b>	-	1
-		05.0	UKE	20		611	5.0	HA5, 8	T, !	SACTO	-No	5(2=
	230 B	URIAL, CREMATION, REMOVAL	23b DATE	2	36 NAME OF C	EMETERY OR CI	REMATORY	23d LOCATION		COUNTY		TATE
	F	Burial	4-5-8	6	Loudon	Park			re.	Maryland		AIL

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been

IMPORTANT: If Hem 21 is marked or Hem-1.8 shows ony

injury, or other troumotic event, th

24 FUNERAL DIRECTOR Leonard J. Ruck, Inc. Baltimore, Md.

Baltimore Maryland
250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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Charles It. Mebrheim Munel L

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FOR

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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

0 REGISTRAR REG. NO. 20. DATE OF DEATH MONTH DAY 1. DECEASED NAME 2b. HOUR (TYPE OR PRINT) FRIEDA WEINBERG APRTI. 1986 5:09P M IF UNDER 1 YEAR 4 RACE 5 DATE OF BIRTH AGE LIN YEARS LAST BIRTHDAY 3. SEX FEMALE CAUCASIAN AUGUST 25,1920 65 YRS BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ISTATE OF FOREIGN 7h CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED COUNTRY MARYLAND BALTIMORE CITY WIDOWED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 21218 LIVE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BALTIMORE 3900 N. CHARLES ST., APT. 900 HOUSEWIFE AT HOME 136 COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE (21218)MARYLAND BALTIMORE YES X NO | 3900 N. CHARLES 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LENA **GERSHAN** CAPLAN KALMINOFIT7 IAN WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT APT. 415 (21207) MR. STUART WEINBERG 3701 TWIN LAKES CT NO 218-03-1540 18 CAUSE OF DEATH (Enter only one cause per line for 10). (b. PART I. DEATH WAS CAUSED BY Jumor - unknown ell type. DUF TO OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 206. IF YES, WERE FINDINGS USED 19n DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOT NO T 210 ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER NOTIFY MEDICAL EXAMINER 21f LOCATION 21e PLACE OF INJURY 21d INJURY OCCURRED CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY OFFICE FARM, ETC 1 NOT WHILE WHILE 220 I certify that (1) (this and that in (my) (or) apinian death occurred an the date and have and from the causes stated DEGREE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS DR. GEORGE TAKER 600 LIGHT ST. 23c NAME OF CEMETERY OR CREMATORY 23a, BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) CITY OR TOWN

DHMH - 16 60M 7/B4 (VRA 15, 4)

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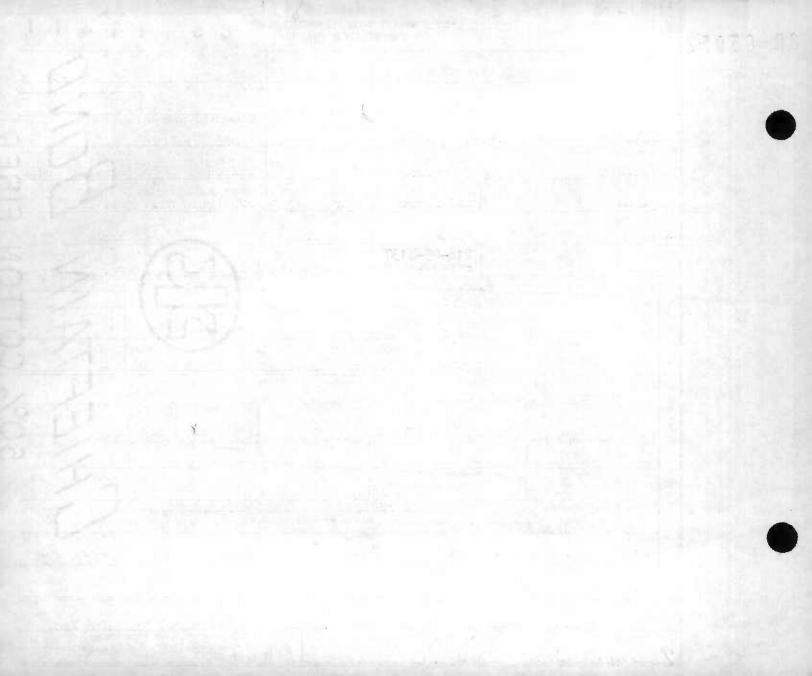
4/18/86 BETH JACOB CEMETERY 24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC.

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 6010 REISTERSTOWN RD. BALTIMORE, MARYLAND 21215

FINKSBURG CARROLL



	fi	em Corrected	100 5/14	/06 reb	21	E OF MARYLAN					
0 5%2		FOR STATE REGISTRAR			CERTII	ICATE OF DE		Ö Ö REG. N			3 1 1
£		CEASED NAME FIRST	1	MIDDLE		LAST		20 DATE OF DEATH	MONTH	DAY YEA	AR 26 HOUR
0		BENJA			WELC	88		APRIL 20.			8:30 pM
offer	3 SE		4 RACE		S. DATE (	H DAY	YEAR	6 AGE (IN YEARS EAST BI	RTHDAY)	MONTHS D	YEAR IF UNDER 24 HRS
		Male		Black	12	31	1917		68 YRS		
O fore		RTHPLACE ISTATE OR FOREIGN COUNTRY)  Taryland	U.S.	WHAT COUNTRY?	MARRIE WIDOW	NEVER MA	ARRIED D	Baltimore city of Baltimor			H ME
210	10 C	TY OR TOWN OF DEATH		HOSPITAL, NURSING		OR OTHER INSTIT	UTION	12a USUAL OCCUPAT	ION	126. KIN	ND OF BUSINESS OR
ELX	1	Baltimore		ind Genera		spital		Retired			ship Trade
م ق	U5U.	AL RESIDENCE (IF NURSING HOME OF TATE	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)		V. 1.1.1.17.00				
S C		ruland	INIT	Baltimon		13d. INSIDE CIT	40 []	13e.STREET ADDRESS 1909 Druid			21217
		THER'S NAME				15 MOTHER'S A			min	AVC.	21211
V	Wij	liam	MIDDLE	Welch		Minni	RST	MIDDLE		Bos.	LAST
	16a V	VAS DECEASED EVER IN U.S. A	RMED FORCES?	1625081A658CU	RUTY-SHO.	17 INFORMAN		ADDR	ESS	DUS.	Ley
1		(IF YES, G	IVE WAR OR DATES)	213=14=5	,	Flaine	Welch	1909 Druid	1 11 1 7 7	7	21217
-	-					Draine	WEICH	1303 DIGIG	пттт		PROXIMATE INTERVAL VEEN ONSET AND DEATH
		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	ED BY	Anoxic Ir						BETW	EEN ONSET AND DEATH
ther traum		Canditians, if any, which gave rise to immediate cause (a), stating the underlying couse last.	(b)	R AS A CONSEQUE Cardiopul R AS A CONSEQUE	mona	ry Arres	t		7		T.V.
6								rdial Infa			
ory	Z	PART 2. OTHER SIGNIFICANT							IDITION GIV	EN IN PAR	I lia
×	ATIO	History of	Chronic	Obstruct	ive .	Pulmonar	y Dise	200 AUTOPSY?	Table 15 VEG	VA/EDE EII	NDINGS USED
Z spows ou	CERTIFICATION			Missing	OFERATIO			YES NO	IN CERTIF	YING CAU	JSES OF DEATH?
9		2 a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN		M. MONTH DA	Y YEAR	21¢ HOW INJU	JRY OCCURR	ED (ENTER NATURE OF INJU	JRY IN ITEM 18 P	ART I OR PAR	21
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE (	OF INJURY LEET, FACTORY, OFFICE, FA	IRM, ETC )	211 LOCATION STREET		CITY OR TO	OWN	COUNTY	Y STATE
S B		22a.l certify that (this hosp saw the deceased alive a	n = April	20 19	<u>86</u> . o	nd that in (XX) (a	19 <u>86</u> iur) apinian d	ta <u>_April</u> leath accurred an the d	20,	r and fram	the causes stated
m 21		abave, (Wwe) (did)	7								
NT: If Item 21		Katherene La	ngenfe	leler		PH PH	TENDING IYSICIAN	MEDICAL STA DIRECTOR PHYSIC	FF CIAN X	4	1/21/86
With the State Dept. or IMPORTANT: If them 21		OBOVE, THE WE   (did ) 12 th 1	nginge ORPRINT)	ER, MD		nD ATT PH 22: ADDRESS	YSICIAN [	MEDICAL STA DIRECTOR PHYSIC	CIAN X	4.	1/21/86
IMPORTANT: If Item 21		226 SIGNATÜRE  KELLELELEL  226 PHYSICIAN'S NAME (TYPE  KATHERINE LA)  URIAL, CREMATION, REMOVA	ORPRINT) NGENFELDI		1	nD ATT PH 22: ADDRESS	arylan	d General  234 LOCATION	CIAN X	4.	1/21/86
	(	226 SIGNATÜRE KELLELELE 22d PHYSICIAN'S NAME (149E KATHERINE LA)	OR PŘINT) NGENFELDI 1 23b. DATE 4-26-	23c N	AME OF C	PD ATT PH 220 ADDRESS C/O M EMETERY OR CR uburn Ce	arylan EMATORY	DIRECTOR PHYSIC  A General  23d LOCATION CITY OR TOWN	CIAN 🏻	al county	state aruland



TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hour object. Page 4 may be
- 2

	STATE REGISTRAR	CT.					EALTH AND MENTAL HYG	Ö	REG. NO.		1 0	1 6-	
	CEASED NAME	Phil:	LD	MIDDLE		1	AST benderoth	2a. DATE OF DI	ATH MONTH	113/	YEAR	7:11 A	
3. SE)						E ROI		6 AGE (IN YEARS LAST BIRTHDAY)			IF UNDER 1 YEAR IF UNDER 24 HRS		
Male			White 7b. CITIZEN OF WHAT COUNTRY? U.S.A.		e (		1/40 <sup>AY</sup> YEAR	45	YF	MONT	HS DAYS	HOURS MIN.	
	IRTHPLACE (STATE OR FOREIGN COUNTRY)  Mary land  ITY OR TOWN OF DEATH					MARRIEDXX NEVER MARRIED WIDOWED DIVORCED URSING HOME OR OTHER INSTITUTION		BALTIMORE CITY OR COUNTY OF DEATH  BALTIMORE CITY  M					
					NURSING			120 USUAL OCCUPATION 126 KIND OF BUSINESS C					
	BALTIMOR		UNIO	MEM V	ORIAL	HOS	PITAL		r MOST OF WORKIN			ruction	
tiln 5	AL RESIDENCE (IF N	13b COUNTY	ER INSTITUTION	13c CITY	OR TOWN		13d. INSIDE CITY LIMITS?	710 Pu	oress/zipc ritan S		t 212	211	
	THER'S NAME	MIDE	N. E		LAST	N. L.	15. MOTHER'S MAIDEN NA	ME	AIDDLE				
C	Calvin Wenderoth				Beatrice Smith						LAS		
160 V	VAS DECEASED EVI		16b SOC	IAL SECURI	TY NO.	17. INFORMANT		ADDRESS					
100	O ON DINKNOWN	O OR UNKNOWN) (IF YES GIVE WAR OR DAT			36 38	Doris Wender	roth. same						
	18 CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)  Cardiovascular						collapte	e R/o Sepsis				BETWEEN ONSET AND DEATH	
NOI	gave rise to immediate cause last, stating the underlying cause last.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110  A Cohelism									o			
TIFICATION	190. DATE OF OPERATION		196 CONDITION FOR WHICH OPERATION				N WAS PERFORMED	IN CERTIFYING CAUSES OF					
CAL CERT				M. MON	NTH DAY	YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATUR	E OF INJURY IN ITEM	18 PART I	OR PART 2)		
MEDICAL	21d INJURY OCCU	URRED	21e. PLACE (AT HOME, STE		Y TY, OFFICE FAR	M, ETC )	211 LOCATION STREET	C	ITY OR TOWN	il R	COUNTY	STATE	
	220 I certify that	osed alive an	4/12	./	19 8	1	nd that in (m) (aur) apinian	death accurred o	11 /3 /	haur one	tram the	tha (1) we) last	
	above, (1) (we) (did) (did not) view the body  17th SIGNATURE  4. M. Blott			DEGREE A P			ATTENDING PHYSICIAN					276. DATE SIGNED 4/13/86	
	22d PHYSICIAN'S NAME (TYPE OR PRINT)  F. M. Gloth LES				22e ADDRESS UNION			ORIAL HO	SPITAL				
	URIAL, CREMATION	N, REMOVAL 2	3b. DATE		23c NA	ME OF C	EMETERY OR CREMATORY	23d LOCATIO	ON		III.TV	STATE	
	Burial		04/16	/86	Pro	ospeo	t Hill Cemete		son, Ba	lto.	Co.		
24. FL	NERAL DIRECTOR	nss Fune			ADDRESS			R 15 K	ISTRAR 25b. REC			URE	

DHMH - 16 60M 7/84 (VRA 15, 4)

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HIGHTON S. TILLING

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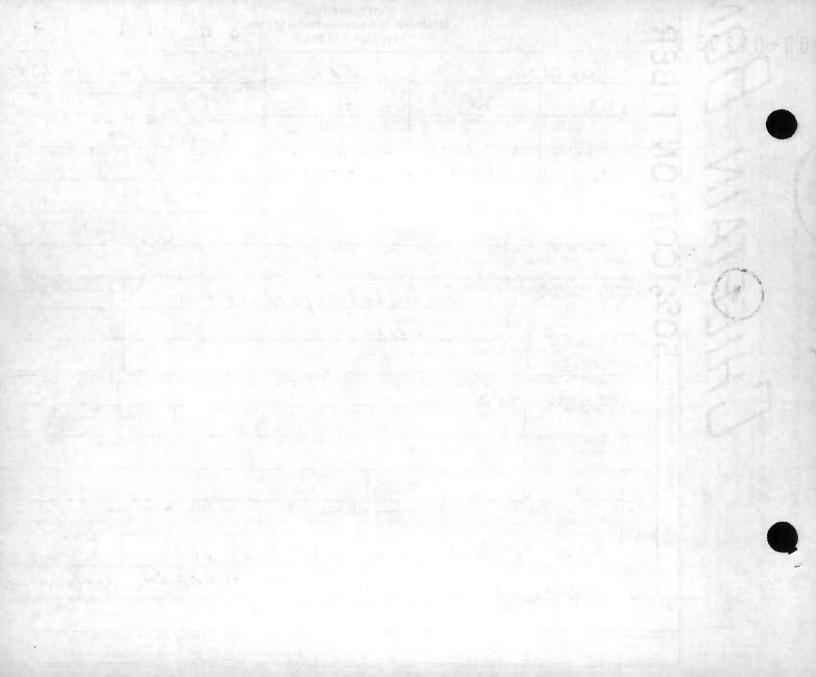
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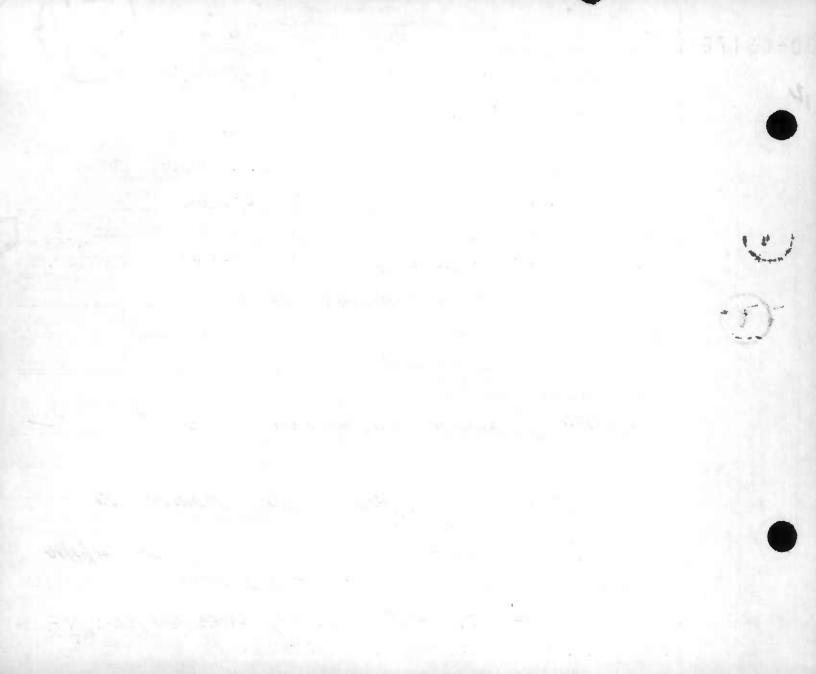
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a. DATE OF DEATH MONTH 2h HOUR FIRST TYPE OR PRINTI 6:45P 86 Evan David Wheeler 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 3. SEX 4 RACE MONTH DAY YEAR DAYS MALE WHITE 12 06 79 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED WEVER MARRIED Baltimore City WIDOWED DIVORCED Maryland 10. CITY OR TOWN OF DEATH 1). NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ITYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Agnes Hospital Service Station Self Emp. Baltimore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 130 STATE 136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 1928 Grinnalds Avenue 21230 Baltimore YES T Maryland 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Wheeler Martha Gerber Beniamin ADDRESS 166 SOCIAL SECURITY NO. 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Evelyn E. Wheeler 1928 Grinnalds Ave. 21230 215-05-1271 NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for to) and ic. PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 FICATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NON NO [ YES [ 21a ACCIDENT WAS UNDERLYING 71h TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21e. PLACE OF INJURY 211 LOCATION 21d INJURY OCCURRED STREET CITY OF TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from, 86, and that in (my) (aur) opinian death accurred an the date and haur and from the causes stated the attorosed alive on 17h SIGNALIFRE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN L 22e ADDRESS S. Caton Avenue Balto. Md. 21119 230 BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE COUNTY I SPECIFY) 4/25/86 Loudon Park Cemetery Baltimore Burial 24 FUNERAL DIRECTOR DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 21229 Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

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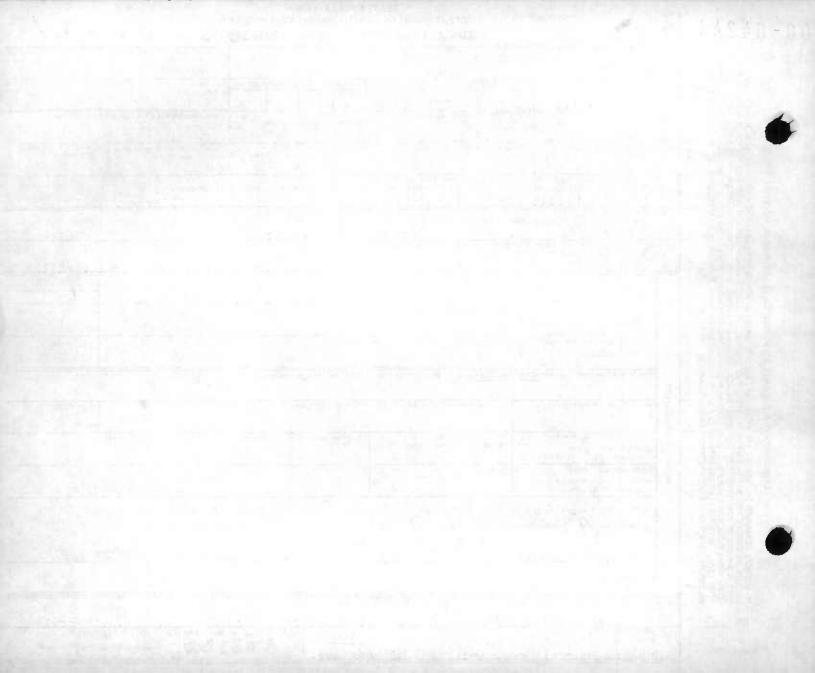
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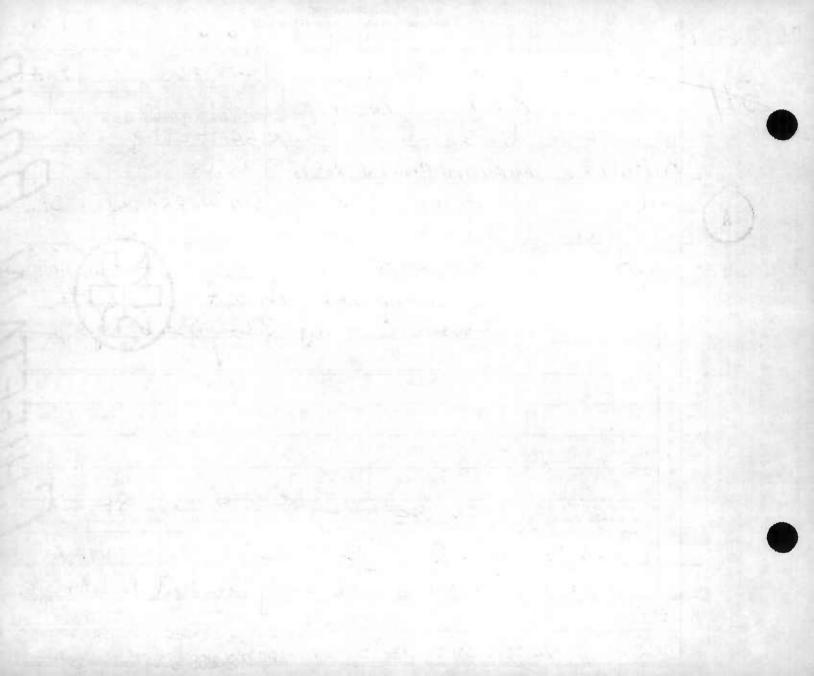


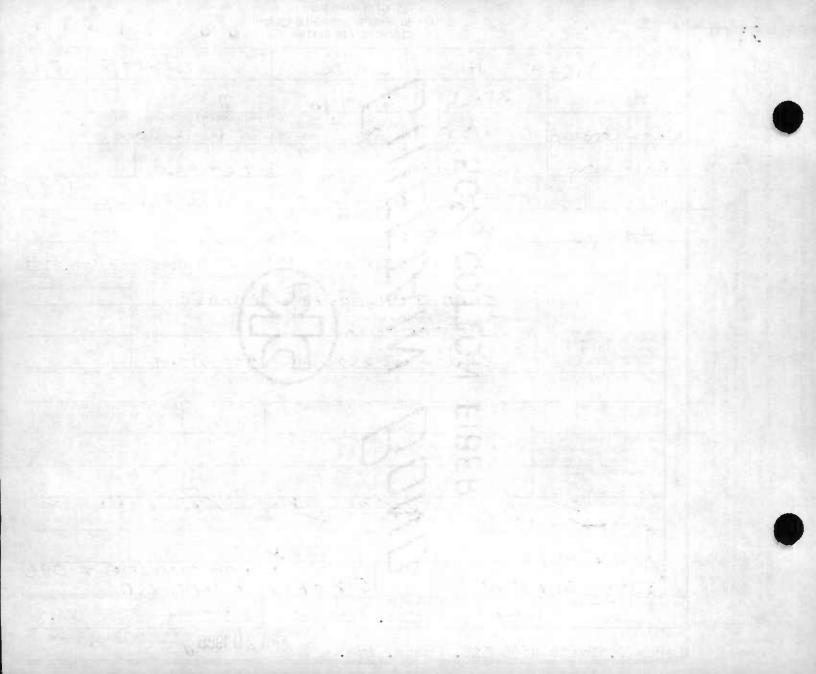


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 00-04241 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATHO REGISTRAR I. DECEASED NAME FIRS1 20. DATE KNOWN X MONTH 7h HOUR (TYPE OR PRINT) EST1-E FUNERAL DIRECTOR DEATH MATED 18/19 86 Kelly White 4/ Lynn 4 RACE S. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR 2c. DATE LAST BIRTHDAY DAY PRONOUNCED 6:22 PM DEAD 26 18/1986 Female White 4 10 YRS TE BIRTHPLACE ILIATE OF 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED | POREIGN COUNTRY Maryland U.S.A WIDOWED DIVORCED Baltimore City AND 3 TO THE FU RETAIN PAGE 5. POULD BE FILED. 18 CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (TYPE OF WORK NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 17b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OR INDUSTRY 1200 Blk S. Clinton St N/A Baltimore F ANY AND 3 13a STATE COUNTY 13c CITY OF TOWN 13d. INSIDE CITY LIMITS? 13b. 13e. STREET ADDRESS Maryland Baltimore Randallstown YES . NO I 3820 Collier Rd 21133 TO MEDICAL EXMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF A EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, A PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PAN 3. R TO FUNERAL DIRECTOR. PAGE 3 SHOULD BE USED AS A BURIAL. RRANIT PROBE TO PAGE 3 SHOULD BE USED AS A BURIAL. RRANIT PROBES 1 (AND 2 SHE AFTER DEATH, WITH DESTATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH REALTH AND WITH AND WITH HYGIENE, DIVISION OF WITH REALTH AND WITH 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE LAST Walter G. Krauss Janice White 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT 16h SOCIAL SECURITY NO ADDRESS (IF YES, GIVE WAR OR DATES) 216-94-1841 Janice Krauss 3820 Collier Rd. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple Injuries IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES Z NO [ 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING X OR HOUR XX. MONTH DAY YEAR MEDICAL CONTRIBUTING CAUSE OF DEATH 5: 25 P.M. 4/ 18/19 86 subj. bicyclist hit by 21e PLACE OF INJURY TATHOME 21 LOCATION 214 INJURY OCCURRED STREET, FACTORY, FARM, ETC.1 WHILE WHILE AT WORK 1200 Blk. S. Clinton St., Balto. City. street 22a I certify that I took charge of the remains described above, held on Autopsy Inspection and in my apinion death resulted from Svicide Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL Assistant 4/19/86 SIGNATURE EXAMINER'S NAME Dennis F. Smyth, 111 Penn St. M.D. (TYPE OR PRINT) ADDRESS 23d. LOCATION 23a BURIAL, CREMATION, REMOVAL 23b DATE 23¢ NAME OF CEMETERY OR CREMATORY COUNTY STATE 4/22/86 07/84 BP. Burial Cedar Hill Cemetery Brook Lyn. Pk Maryland A.A. 25M 25d. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 21229 **DHMH - 17** ADDRESS (VR A15 ME (5)) Hubbard Funeral Home, Inc. 4107 Wilkens Ave



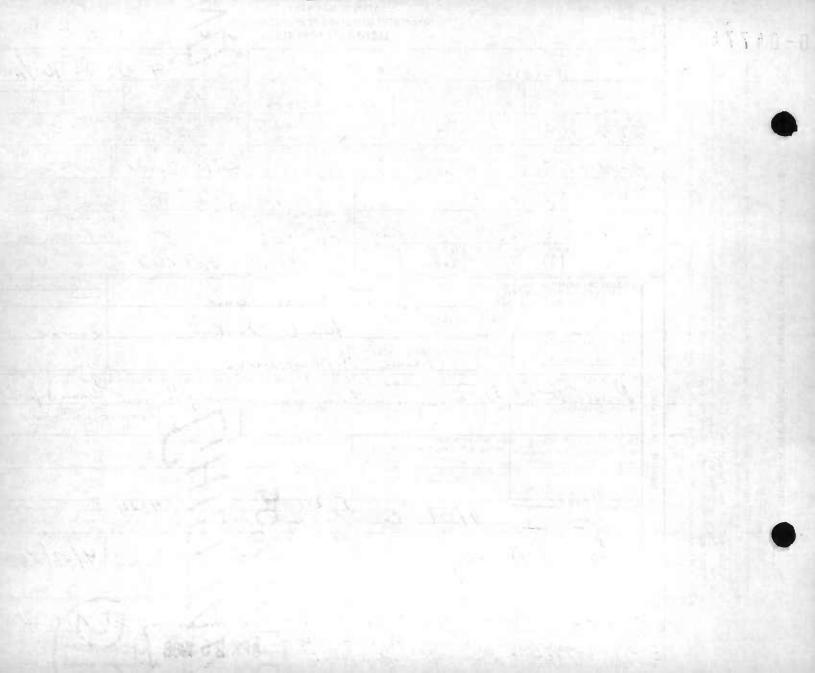
(VRA 15, 4)





The sound of the Thirty Stones sinder Frintles co. Ed. Salitmore Catonsville x 802 Edmandson Aug. 21228. George Edward Ruhl Lucy Aroughtu Foughtl Cotensuille, Nd. 21228 Surial Apr. 12, 1986-Loudon Pun Com. Unitimore, margiand . N. 1 . obritan income oni Instite. I. I. 735 Edmondson Abo. Colonsuille, Ad. 21228. But Land

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 1. DECEASED NAME MIDDLE 2a. DATE OF DEATH 26 HOUR (TYPE OR PRINT! ele , page ; 4. RACE S. DATE OF BIRTH 3. SEX 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYPAR IF LINDER 2 1 MRS MONTH MONTHS 1895 10 76 CITIZEN OF WHAT COUNTRY? To BIRTHPLACE STATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED ALTIMORS WIDOWED DIVORCED [ 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR CLERK GAR DEN 11/00 DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MARYLAND 2120 IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a. STATE 13e. STREET ADDRESS 13d. INSIDE CITYLIMITS? NO 508 15 MOTHER'S MAIDEN NAME 4. FATHER'S NAME MIDDLE mmis 160 WAS DECEASED EVER IN U.S. ARMED FORCES 17 INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) EC01203 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0). DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 20a. AUTORSY? ā IN CERTIFYING CAUSES OF DEATH? YES [] NO YES [ NO [ and Mental Hygi 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 211 LOCATION marked ar 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK AT WORK 22a.1 certify that (1) (this hospital) attended the deceased from. sow the deceased alive an and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did view the body ofter death Dept. 22h SIGNATURE DEGREE ATTENDING MEDICAL PHYSICIAN PHYSICIAN MPORTANT: 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS shauld be with the S 0 236 NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23d LOCATION MARTELAND MEM MAIATION DHMH-16 60M 1/73 whis Davidson Monday (VR A 15 (4))



04940	FOR - STATE REGISTRAR	DEPARTM	STATE OF MARYLAND SENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	3 2 2
be sorth	DECEASED NAME FIRST (TYPE OR PRINT)  LE	ENA J.	WIEGMAN	APRIL 26, 1986	2b. HOUR 4:00 PM
0.0	Female	1. RACE White	S. DATE OF BIRTH  YEAR  YEAR	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER MON	UNDER LYEAR IF UNDER 24 HRS
	Balto. Md.	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNTY OF Baltimore (ity	
3	Baltimore	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION  ADDRESSI: tal		12b. KIND OF BUSINESS OR INDUSTRY
filled in autoback in the second	UAL RESIDENCE (IF NURSING HOME OF 13b. COU	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE INTY 134 CITY OR TOWN	ADMISSION) N 13d. INSIDE CITY LIMITS? YES A NO	130. STREET ADDRESS / ZIP CODE 6236 Watther Av	enue -21206
opletely and a series	Philip Garat	O MIDDLE LAST	15. MOTHER'S MAIDEN NA	ie DeLuca	LAST
Pogms P	(YES TO OR UNKNOWN) (IF YES, G	RMED FORCES? 16b, SOCIAL SECULIVE WAR OR DATES) 212-20-7		(imino - 6236 Walt	her Ave21206
n signed by the attending Then please remove corb to buriol. cremation of injury, or other traumatic		DUE TO, OR AS A CONSEQUE  (c)  CONDITIONS CONTRIBUTING TO D		ainal disease or condition given	IN PART 1/o
e has bee sit permit.	190. DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 206 IF YES, WIN CERTIFYIN YES YES	
attending physicia for this certificate Its the burial-transit is the burial-transit and Mental Hygie is and Mental B sha	21d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. IN JURY OCCURRED WHILE AT WORK AL WORK	HOUR A.M. MONTH DA	19 21f LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 18 PART	COUNTY STATE
ECTOR: After use o	sow the deceased alive a	nAPRIL 26 19 ot) view the body ofter death.	APRIL 21 , 19 86 6 , and that in (my) Curi ppinion	to APRIL 26 , 19 death occurred an the date and hour or	86 , that (I) we lost and from the couses stated
ned by the ho FUNERAL DIREI old be detached the State Dept	276 PHYSICIAN'S NAME OF	Jellan Then	ATTENDING PHYSICIAN E	MEDICAL STAFF DIRECTOR PHYSICIAN THE HOSPITAL CORP	
with the state of	GEORGE J. 1 230 BURIAL, CREMATION, REMOVA (SPECIF Burial		D. 1100 NORTH	BROADWAY BATTIM	
MH - 16 60M 7/84 (VRA 15, 4)	24 FUNERAL DIRECTOR	14-30-86 Hb Inc-6415 Belair Ro		Balto M.  TE REC'D. BY REGISTRAN 256 REGISTRAN  PR 2 8 1986	RS SIGNATURE

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36 L	FOR - STATE REGISTRAR		ENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	REG. NO	
	CEASED NAME FIRST	CTON F	WI66S	20. DATE OF DEATH	MONTH DAY YEAR 26 H
3. SI	×	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRT	THDAY) IF UNDER 1 YEAR IF UT MONTHS DATS HOL
of one	SIRTHPLACE (STATE OR FOREIGN COUNTRY)  LITY OR TOWN OF DEATH		MARRIED NEVER MARRIED WIDOWED DIVORCED DOME OR OTHER INSTITUTION	120. USUAL OCCUPATION	
	IAL RESIDENCE (IF NURSING HOME OR OSTATE 136 COUN	OTHER INSTITUTION GIVE ESTREET AT	(DMISSION)	13e STREET ADDRESS	ZIP CODE 3Rd FLOOR
200	JOSEPH	WIGGS	15 MOTHER'S MAIDEN NA Addie		Lucus
	No I	MED FORCES? 166 SOCIAL SECUR 264-62-5  Ty ane cause per line for (a), (b), and	5734 TROUGLA WI	iggs 2700	W. NORTH AVE
Then please remove to buriol, cremotion njury, or ather troun	Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse last.  PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUEN  (C)  ONDITIONS CONTRIBUTING TO DE	NCE OF ANTENNED NO		DITION GIVEN IN PART 110
onsit permit There Hygiene prior to be 8 shows ony injur	190. DATE OF OPERATION	19% CONDITION FOR WHICH C		YES NO	20b. IF YES, WERE FINDINGS I IN CERTIFYING CAUSES OF D YES NO
the buriol-tron and Mentot Hys ced or Item 18 s	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT LIFETITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED  WHILE NOT WHILE		19 2H LOCATION	RED (ENTER NATURE OF INJUR	
oched for use as Dept. of Health f Item 21 is marl	AT WORK AT WORK	oil) attended the deceased from	and that in (my) (aur) apinion DEGREE		22c. DATE SIGN
should be deta with the Stote [ MPORTANT: If	22d PHYSICIAN'S NAME (TYPE OR	L' CUIT	220. ADDRESS	MEDICAL STAF	SPITAL
230.	BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL UNERAL DIRECTOR	1 . 1 1 . 1 . 1	BAR HILL CEMT	23d LOCATION CITY OF TOWN TE REC'D. BY REGISTRAN	SURNIE, MD
6 60M 7/B4	William & BONG	VN COMM. FIH 120	LOS LA MARCHI ARS	1 6 too	1 . F w .



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATHO REGISTRAR 0 - 0269DECEASED NAME 2a. DATE KNOWN [X] 76 HOUR ESTI-1086 DEATH MATED THOMAS willow 4 RACE S. DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR. IE LINDER 24 HRS 2d HOUR DATE 1:55 PM YEAR LAST BIRTHDAY) PRONOUNCED 56 29 19 86 Male Black 30 DEAD 5 YRS 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIED NEVER MARRIED Maryland U.S.A. WIDOWED [ DIVORCED Baltimore City 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Baltimore 2401 Montebello Terrace aberor SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Baltimore 2930 Round Road YESX NO [ 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Arthur Wilev Pauline Carrington DIVISION OF 17 INFORMANT 166 SOCIAL SECURITY NO. ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) I (IF YES GIVE WAR OR DATES) NO 214-66-4102 Sylvia Y. Wiley 1913 Crestview Road 18 CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).) BURIAL - TRANSIT PERMIT. AND MENTAL HYGIENE, D VATION, OR REMOVAL. Multiple compression injuries IMMEDIATE CAUSE (o)\_\_\_\_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate OR couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF USED AS A BURIAL -OF HEALTH AND MEN URIAL, CREMATION, C lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 190 DATE OF OPERATION E 3 SHOULD BE USED A DEPARTMENT OF HEAL PRIOR TO BURIAL, OF 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [ CATE, WRITING THE WC FORWARDED TO THE ( 71g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR AND MONTH DAY YEAR UNDERLYING SOR Subject struck by falling concrete slab. CONTRIBUTING CAUSE OF DEATH 1:20 M. 4-3-1986 21e PLACE OF INJURY (AT HOME. 211. LOCATION 21d INJURY OCCURRED PAGE 4 SHOULD BE FORWARDER
TO FUNERAL DIRECTOR: PAGE 3
AFTER DEATH, WITH THE STATE DE
BALTIMORE, MARYLAND, 21201.P STREET, FACTORY, FARM, ETC.) 2401 Montebello Terrace, Balto. City WHILE AT WORK MD porch 220. I certify that I took charge of the remains described above, held an Autopsy and in my opinion Accident X death resulted fram: Natural causes Suicide Hamicide L Undetermined manner SHOULD BI TITLE (SPECIFY) ACTUAL M.D. Assistant MEDICAL EXAMINER 4-4-86 SIGNATURE EXAMINER'S NAME 111 Penn St., Balto., MD 21201 Ann M. Dixon, M.D. TYPE OR PRINT ADDRESS 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY BURIAL STATE 4/8/86 Baltimore Cemetery Baltimore. Md 07/84 BP 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** March Funeral Homes 1100 East North Avenue (VR A15 ME (5))





0 0 0 1 8 7 6 REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR    DECEMBER   DAME   FIRST   MIDDLE   LAST   20. DATE KNOWN   MONTH	3 2 5
1 DECEASED NAME FIRST MIDDLE LAST	
I. DECEASED NAME PIRST MIDDLE LAST 20. DATE KNOWN 7 MONT	TH DAY YEAR 26. HOUR
John C. Wilkes DEATH MATED 4	23 19 86
1 SEX   4. RACE   5. DATE OF BIRTH   6. AGE (IN YEARS   IF UNDER 1 YR.   IF UNDER 24 HRS.   20. DATE MONTH	
MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED	23 19 86 4:15
2 0 10 30 33 185	
MARRIED 11 NEVER MARRIED 11	
MARYLAND  U.S.A.   WIDOWED   DIVORCED   Baltimore Cit	
Baltimore  851 George St.	OR INDUSTRY
WC 488 -0.1 CE. 1020 CO.	
USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  136. STATE  136. COUNTY  136. COUNTY  137. CITY OR TOWN  136. INSIDE (ITY LIMITS?  136. STREET ADDRESS  NO 1851 CEODGE ST	201
	APT 12B
PERST MIDDLE LAST 15. MOTHER'S MAME PRIST MIDDLE	LAST
JOHN WILKES ANNIE	TAYLOR
160. WAS DECEASED EVER IN U.S. ARMED FORCES?  (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES)  160. SOCIAL SECURITY NO. 17. INFORMANT  ADDRESS  200	d/FI 21201
II. FATHER'S NAME FIRST JOHN WILKES  III. MOTHER'S MAIDEN NAME FIRST JOHN WILKES  ANNIE  III. MOTHER'S MAIDEN NAME FIRST ANNIE  III. MOTHER'S MAIDEN NAME ANNIE  III. MOTHER'S MAIDEN NAME FIRST ANNIE  III. MOTHER'S MAIDEN NAME ANNIE  III. MOTHER'S MAIDEN NAME FIRST ANNIE  III. MOTHER'S MAIDEN NAME ANNIE  III. MOTHER'S MAIDEN NAME FIRST ANNIE  III. MOTHER'S MAIDEN NAME ANNIE  III. INFORMANT  YES  III. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Arteriosclerotic cardiovascular disease  DUE TO, OR AS A CONSEQUENCE OF	GYLE AVE.
18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	APPROXIMATE INTERVAL
PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o) Arteriosclerotic cardiovascular disease	BETWEEN ONSET AND DEATH
PARTIDEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o) Arteriosclerotic cardiovascular disease  PARTIDEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o) Arteriosclerotic cardiovascular disease  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate couse (o) stating the under-  DUE TO, OR AS A CONSEQUENCE OF	
Conditions, if ony, which gove rise to immediate couse (a) stating the under-	
Conditions, if ony, which gove rise to immediate couse (a) stating the <u>under-ly nor nor nor nor nor nor nor nor nor nor</u>	
lying couse lost.	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 0	
196. CONDITION FOR WHICH OPERATION WAS PERFORMED?  196. DATE OF OPERATION  196. CONDITION FOR WHICH OPERATION WAS PERFORMED?  197. CONDITION FOR WHICH OPERATION WAS PERFORMED?  216. EXTERNAL CAUSE WAS  216. TIME OF INJURY HOUR AM MONTH DAY YEAR  217. HOW INJURY OCCURRED (ENTERNATURE OF INJURY HOUR AM MONTH DAY YEAR)	20 AUTOPSY?
196. DATE OF OPERATION  196. CONDITION FOR WHICH OPERATION WAS PERFORMED?  196. DATE OF OPERATION  196. CONDITION FOR WHICH OPERATION WAS PERFORMED?  216. EXTERNAL CAUSE WAS  UNDERLYING OR  CONTRIBUTING OR  CONTRIBUTING CAUSE OF DEATH  P.M.  19	
216 EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTERNATURE OF INJURY INITEM 18 PART 1 OR	YES NO
216. EXTERNAL CAUSE WAS  216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR  217. TIME OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH  P.M.  19	17 7 K 1 2 J
UNDERLYING OR CONTRIBUTING CAUSE OF DEATH  P.M. 19    The later nature of injury in item 18 part for contribution of injury injury in item 18 part for contribution of injury injur	
216 INJURY OCCURRED  216 PLACE OF INJURY (AT HOME, STREET CITY OR TOWN	COUNTY STATE
T S E V E C AT WORK — AT WORK —	
220. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . Inquiry . ond in my	opinion
death resulted from: Notural couses X Homicide Undetermined monner U,	
TITLE (SPECIFY)	
ACTUAL SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE	E 4-24-86
DE 4 A M WE BAR WATER BY THE BAR WATER B	0.1001
EXAMINER'S NAME Dennis F. Smyth, W.D. ADDRESS 111 PennSt., BAlto., MI	21201
22a I certify that I took charge of the remains described above held an Autopsy Inspection Inquiry and in my death resulted from Notural couses Notural couses Inquiry Notural couses Inquiry	DUNTY STATE
07/84 BP BURIAL 4-28-86 GARRISON FORES OWING MILLS	MARYLANI
124. FUNERAL DIRECTOR PS-04. DATE REC'D. BY REGISTRAR 1256. REGISTRAR'S	SSIGNATURE
OHMH-17 (VR A15 ME (5))  WM . C. MARCH F/H INC. ADM: 01 E. NORTH AVE.  APR 28 1986	

4001 Ritchie Hgwy Balto Md

24 FUNERAL DIRECTOR

George J. Gonce

DHMH - 16 60M 7/B4

(VRA 15, 4)

STATE OF MARYLAND

STATE

STATE

10th whoredoon francisc

Baltimore

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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Hubbard Funeral Home, Inc. 4107 Wilkens Ave

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

- STATE

death page 3 may be

within 24 hours after death. Page

certificate be executed

death o

requires that the

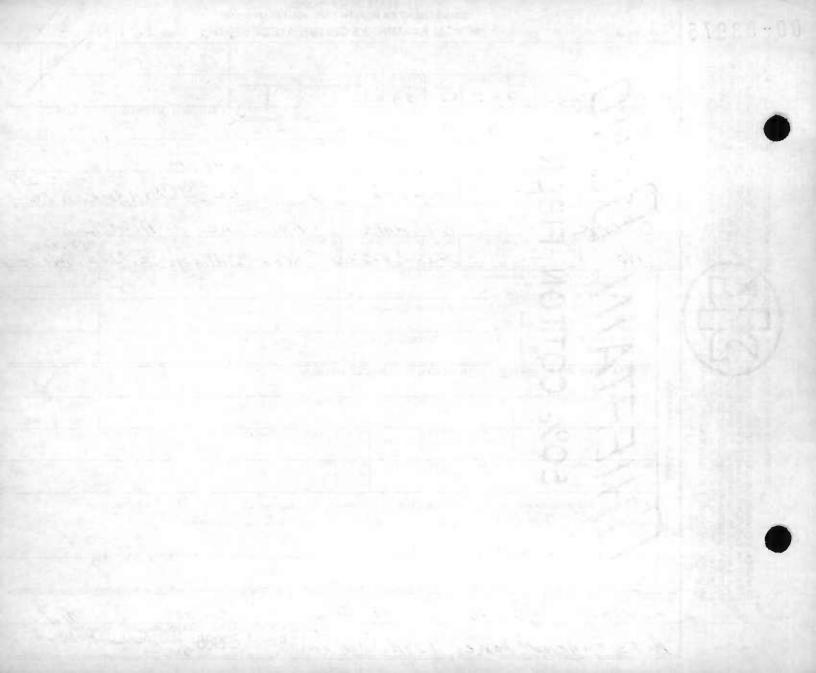
TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician.

ı					STAIL	E OF MARYLAND					
L	FOR STATE REGISTRAR				CERTIF	EALTH AND MENTAL HYG ICATE OF DEATH	S C REG. N		13	2	8
	. DECEASED NAME	FIRST	٨	AIDDLE		AST	20 DATE OF DEATH			26 HOUR	
Ļ		HENRY		WOODRO		LLINE	APRIL	8,			Α,
	MALE		4. RACE WH	ITE	S DATE C	73/19 <sup>1</sup> 12 YEAR	6. AGE (IN YEARS LAST BIR		NINDER I YEAR	IF UNDER 2	MIN.
7	MARYLANI		76 CITIZEN OF V	S.A.	RY? 8 MARRIEI WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY O BALTIMORI		OF DEATH		W
-	BALTIMOI				SPITAL,	INC.	120 USUAL OCCUPATION TOOL & DIE		126. KIND O INDUSTRY CONTL		
-	AL RESIDENCE (IF STATE MARYLANI	D EALT	OTHER INSTITUTION.	EASTPO		13d. INSIDE CITY LIMITS?	13 STREET ADDRESS BANK	ST. 2	21224		
-	BERNARD	F	WIDDLE	WILLIN	Œ	IS MOTHER'S MAIDEN NAM	WIDDIE		WITZÉÌ	{	X
1	WAS DECEASED E	VER IN U.S. ARA	MED FORCES? E WAR OR DATES)	166 SOCIAL S 217.03		MARY H. WILL	INE (WIFE)		E AS 13	3e)	
	18 CAUSE OF D PART I. DEA	DEATH (Enter and TH WAS CAUSED	ly ane cause per D BY:	line for (a), (b)	ond ic	ARY ARREST			APPROXI BETWEEN	MATE INTERV ONSET AND E	VAL DEATH
	PART OTHER CELLUL COAGU  PART OTHER CELLUL DO COAGU	stating the cause last.	METABO Y DIABI	TIC ACTOR OF THE PROPERTY OF T	BLE SE	S,CONGESTIVI IS,ARTERIOSO N WAS PERFORMED	NAHESET CFY CLEROTIC ( T20 AUTOPSY?	TTURE	IAL FANEW VASCU WEAST	IIA. JLAR	
	DATE OF OF		■ SSUI			DEMENT OF		IN CERTIFY	NG CAUSES	OF DEATH	H?
	FEBRUA 21a. ACCIDENT WA	RY 19	86 CEJ 21b. TIME O HOUR A.	FINJURY M. MONTH	DAY YEAR	DEMENT OF	YES NO X	IN CERTIFY!	NG CAUSES		H?
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DHMH - 16 60M 7/8 (VRA 15, 4)

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			CEASED NAME FIRST		MIDDLE		LAST	20. DATE KNOWN	HTMOM T	DAY YEAR	2b HOUR
	W ~	[14b	PE OR PRINT)	enious		T.G.2. 7	lliama	OF ESTI-	7	7 4 /20 0	
	A C E E E	3 SEX		5. DATE OF BIRTH	I A	GE (IN YEARS   IF U	lliams NDER I YR. DIE UNDER		4/	14/19 8	
	SAR	3. 36	1	MONTH DAY	YEAR LA	AST BIRTHDAY) MON		MIN. PRONOUNCED			10:25
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	N S S S S S S S S S S S S S S S S S S S	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSP	ITAL, NURSIN			120 USUAL OCCUPATION (TYP		12b. KIND OF B	BUSINESS
	SESESO C		Dalltimana	(IF NOT IN SUCH FACE			1	FOR MOST OF WORKING LIFE)	17 KG	OR INDUS	TRY
	H. IF ANY DELAY IS NECESSARY, PLEASE 2, AND 3 TO THE FUNERAL DIRECTOR. 4.3. RETAIN PAGE 5 FOR YOUR FILES. 2, SHOULD BE FILED, WITHIN 72 HOURS ALL RECORDS, 201 W. PRESTON STREET,	HISTI	Baltimore AL RESIDENCE (IF IN NURSING HOME OF			tmor Cou	urt	LHOOM			
201	NO STATE OF THE ST	13a. S	TATE 13b. COUNT		13c CITY OR 1		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS		the 2	4218
2	A K H S H S S	1	nd.		BA	LTO.	YES NO	4427 Cra	ddo	ck pr	10
Š.	A 23.2	14. F/	ATHER'S NAME	MIDDLE	. 1467		15. MOTHER'S MAID	EN NAME MIDDLE		1467	
m,	E SESTI		(SCAR	MIDDLE	W:11:	AM C	Chpi	Tine Y	nen	12:0	
Q		16a. V	WAS DECEASED EVER IN U.S. ARA	MED FORCES?	16b. SOCIAL	SECURITY NO.	17. INFORMANT	ADDRESS	S	407 =	2.4.4
BALTIMORE, MD. 21201	JRS AFTER S. GIVE PA WITH FOR WITH FOR DIVISION	(Y	ES, NO, OR UNKNOWN) (IF YES, GIVE V	WAR OR DATES)	210	11 33	1. Days	+ 12:112 +	- 75	I W, FAY	10
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	JB. GI JB. GI S. WITH AIT. PA		18 CAUSE OF DEATH (Enter online PART I DEATH WAS CAUSED	ly ane couse per line for	ar (a), (b), onc	l (c).)				BETWEEN ONS	SET AND DEATH
N.	JTED WITHIN 24 HOU IN PENCIL IN ITEM 1B EXAMINER ALONG V FAL-TRANSIT PERMIT OM, OR REMOVAL.			TE CAUSE (a)		Multip	le Gunshot	Wounds			
STO	SZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZ			DUE TO, OR A	S A CONSEO	UENCE OF				7.1	
<u>ar</u>	SEA HAS		Canditians, if any, which	(6)							
× ×	NA TANK		gave rise to immediate couse (a) stating the under-	DUE TO, OR A	S A CONSEO	LIENCE OF					
5	JTED WITHI IN PENCIL I EXAMINER IAL - TRANS MENTAL H DN, OR REA		lying couse last.	91		011101					
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	D: 1872		BLDY 2 OVER CICHICICANY CONSTRAIC	(c)							
2	EXEMING A BUND A	7	PART 2 OTHER SIGNIFICANT CONDITIONS C	CONTRIBUTING TO DEATH BU	I NOT RELATED TO	THE TERMINAL DISEA	SE OR CONDITION GIVEN IN PA	RT 1 (a)			
S S	A ALTH	9							-		
2	AL HE	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITIO	ON FOR WHIC	CH OPERATION V	VAS PERFORMED?			20 AUTOPS	Y?
1	WORD WORD WORD WORD WINTOF	E								YES 🔽	№ П
J.	HA HOUSE	1	210 EXTERNAL CAUSE WAS	21b. TIME OF I	NJURY	21c H	OW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PAR	RT 2)	
Z	CERTIFICA TING THE DED TO TH 3 SHOULD DEPARTM		UNDERLYING OR CONTRIBUTING CAUSE OF D	HOUR A.M.	MONTH DAY						
S	SHO TO	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF	INJURY (AT	/19 86 S	subject sho				
<u>&gt;</u>	REPER SERVICE	ME		STREET, FACTO	RY, FARM, ETC.)		STREET	CITY OR TOWN	COL	YTAL	STATE
	THIS CI WARDE PAGE 3 STATE D		AT WORK AT WORK	str	reet	1.40	00 Blk. Mou	ntmor Ct., Balt	:0. Ci	ity, Md	
	IER: THI ZATE, W FORWA OR: PAG HE STA' ND, 212		27a. I certify that I took charge	e of the remains descr	ibed obove. h	eld an Autar	osy X, Inspectio	n , Inquiry or	nd in my ap	union	
	ZULF-4	- 1	death resulted from: Nature	ol couses .	Accident	Suicide	, Homicide X	Undetermined monner .	, , ,		
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	CUTE OF TIMO		EXAMINER'S NAME								
				garita A.	Korell	, M.D.	ADDRESS	11 Penn St.			
	5AA 5AA -	23a.B	URIAL, CREMATION, REMOVAL 23	36 DATE	23c NAME	OF CEMETERY		23d. LOCATION CITY OBJOWN	COUN	JTY	STATE
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25M	DHMH - 17	24. F	UNERAL DIRECTOR	,		0	25a. DATE	REC'D. BY REGISTRAR 256, REG.			
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	F ANY DELAY IS AND 3 TO THE R RETAIN PAGE SHOULD BE FILED RECORDS (20)		nolti.	mowo	843 Geo					Constr	UCT1	on	OR	INDUSTRY	
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21201	NO CELANDANA CEL	13a S		13b COUN			OR TOWN		JEST NO T	843 G	OTRESS	Street	21	201	
0.2	DEATH. IF AN GES 1, 2, AN TO PAN 3. REI NANOZ SHOU OF VITAL REC		aryland		IMORE	Balt	imore		15. MOTHER'S MAID		orge	DETECE			=
Α,	HI SES		FIRST		MIDDLE		LAST		FIRST		MIDDLE			AST	
0	35 × 50 -	16a V	VAS DECEASE	DEVER IN U.S. AR	MED FORCES?	key	IAL SECURIT	Y NO.	Martha 17. INFORMANT		AD	Will DRESS	iams		_
BALTIMORE, MD.	124 HOURS AFTER DE LITEM 18. GIVE PAGE LITEM 19. GIVE PAGE TVERMIT. PAGES TV. FORMIT. PAGES TV. FORENE, DIVISION OF TVALL.	(Y	ES, NO, OR UNKNO	WN) (IF YES, GIVE	WAR OR DATES)	220	-04-77	06	Martha W	illiams	843	George	Stre	ot	
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ST.	A 18 C			ATH WAS CAUSE	ly ane cause per line D BY:	for (a), (b)							BETW	EEN ONSET AND DEAT	н
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REST	EWC ENCE		Canditia	ns, if any, which		AS A COL	SEO DETICE Y	51							
, A	AINE STAINE STAINE			se to immediate		AS A CON	ISEQUENCE (	26	4-5-1						-
V 10	UTED WITHIN TO PENCIL II PENCIL II EXAMINER RIAL - TRANS ID MENTAL HON, OR REM		lying cau		DOL TO, OK	AS A CON	ISEQUEINCE (	Jr.							
S, 2	AND ATTO		PART 2 OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH #	HT NOT RELA	TEO TO THE TERM	INAL DICEASE	OR CONDITION GIVEN IN PA	LDY 1					=
DIVISION OF VITAL RECORDS, 201	HOULD BE EXECUTED WITHIN 24 HOU RD "PENDING" IN PENCIL IN ITEM 11 HIEF MEDICAL EXAMINER ALONG USED AS A BURIAL - TRANSIT PERMI OF HEALTH AND MENTAL HYGIENE. IRIAL, CREMATION, OR REMOVAL.	Z	THE PROPERTY	ontrican conditions	CONTRIBUTION TO GENTLE	OT NOT KEEN	TEO TO THE TERM	INAL VISCASI	CORCONOLLION GIVEN IN P	KCI I (Q).					
RE	MNER: THIS CERTIFICATE SHOULD B FICATE, WRITING THE WORD "PEN RE FORWARDED TO THE CHIEF ME CTOR: PAGE 3 SHOULD BE USED A! THE STATE DEPARTMENT OF HEALT UND, 21201 PRIGR TO BURIAL, CF	MEDICAL CERTIFICATION	19a DATE OF	OPERATION	19h CONDIT	ION FOR	WHICH OPER	ATION W	'AS PERFORMED?				[70 AL	UTOPSY?	-
TAL	SHOULD OND "PE CHIEF A E USED A T OF HE	FIC													1
> >	WOO BE	ERT	21a EXTERNA	L CAUSE WAS	216 TIME OF	INJURY		21c. HC	OW INJURY OCCURRI	D LENTER NATURE	OF INJURY IN	ITEM 18 PART I OR I		ESXX NO L	-
O Z	SHE SHE	ALC	UNDERLYING	OR NG CAUSE OF	HOUR A.M.	MONTH		2							
Si	SHO TO TO	DIC	21d. INJURY C		DEATH P.M.	F INJURY	19 (AT HOME,	21f. LO	CATION						-
DIV	RDED SE 3 SI SOI PR	M.	WHILE	NOT WHILE	STREET, FACTO	ORY, FARM, E	TC.)	S	TREET	CITY	OR TOWN	- 0	OUNTY	STATE	
	E, WR WARI PAGE STATE		AT WORK	AT WORK										- 1	-
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	E BENEFICE		, death result	ed fram: Natu	ral causes [X].	Accident	LJ, Su	icide	, Hamicide .	Undetermine	d manner	□,			
	A WE CAR	77	ACTUAL		MY	1	1		TITLE (SPECIFY)			DATI	-	2	
	A H S H H H		SIGNATURE.		N	-	_	M	D. Assistar	T_MEDICALE	XAMINER	SIGN	VED 4/	27/86	-
	CUTE SE 4 SE 4 SE 1 SE 1 SE DE ER DE	-	EXAMINER'S	NAME	D 77		be r			11	01				
	TO MEDICAL EXAMINER: 11 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2	12. 0	(TYPE OR PRI		pory R. Ka				ADDRESS R CREMATORY	11 Penn					_
		230.B	PECIFY)	TION, REMOVAL	7 ×					23d. LOCATION	'N		YINU	STATE	
07/84 25M	BP	24. FI	JNERAL DIREC	rial I	05-01-86	I M	t. Zion	n Cem		REC'D BY REGI	STRAR 125h	Maryl	SIGNATI	IRE: UGA	
	DHMH - 17		NAME		H. 1913 V	T Ro	1 timor	o Str	eet AF	R3019	86	علاية صداحة حدر	m - 7 6	Marchae	
	(VR A15 ME (5))	Bro	own/Ino	mpson F.	u. 1919 M	. Da	TCHILOT	- 011	CCL III		u				

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATHO 00-02432 REGISTRAR I. DECEASED NAME FIRST 20. DATE KNOWN X MONTH DAY YEAR 2b. HOUR (TYPE OR PRINT) OF ESTI-DELAY IS NECESSARY, PLEASE TO THE FUNERAL DIRECTOR. IN PAGE 5 FOR YOUR FILES. IN BEGELLED. WHIN 72 HOURS. RDS, 201 W. PHET ON STREET, Williams 19 86 Margie 4 RACE 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED 28<sup>AY</sup> **Black** Female 65 19 86 DEAD A YRS . BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) MD USA Baltimore City, WIDOWED X DIVORCED D 3 TO THE FUN TAIN PAGE 5 F LLD BEELLED, ORDS, 201 W 10. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY DOMESTIC Housewife 1428 N. Fulton Ave. Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 9 130. STATE 13b. COUNTY Baltimore 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 1428 N. Fulton Ave. YES X NO [ 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Palmer Margie Bailev 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) 219-12-5318 Jerome Williams 1428 N. Fulton Ave. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Hypertensive Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) USED AS A E CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? INER: THIS CATA.

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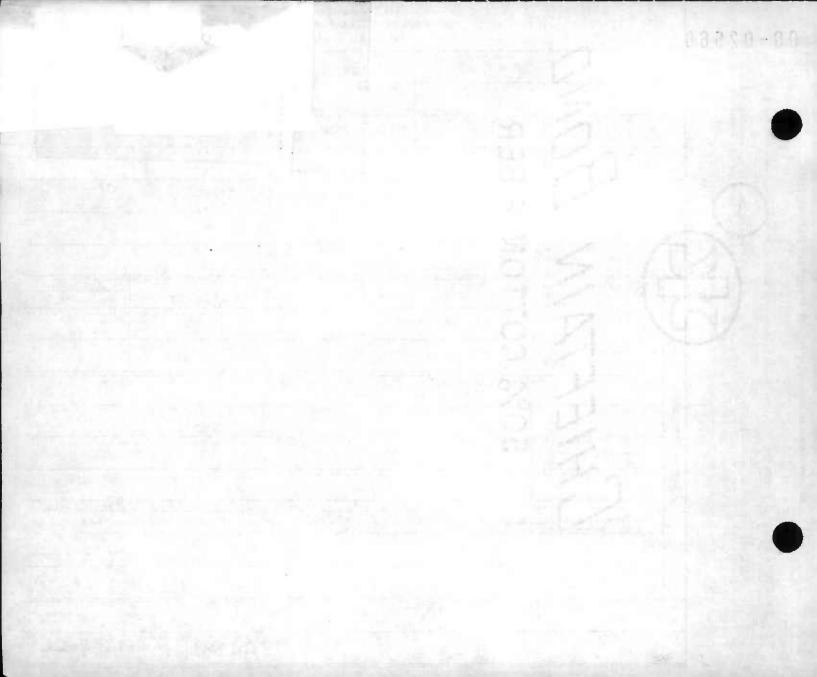
CTARE DEPARTMENT OF 1 YES 🗌 NO X 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 19 21e PLACE OF INJURY (AT HOME. 211 LOCATION AT WORK AT MOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE **DIRECTOR:** PAGE WITH THE STATE [ Inspection X 220. I certily that I took charge of the remain described above, held Autopsy Inquiry and in my apinian death resulted Iram: Natural causes Suicide Hamicide Undetermined manner TITLE (SPECIFY) TO FUNERAL D AFTER DEATH, 1 BALTIMORE, M. ACTUAL 4/1/86 Assistant SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. 111 Penn St. TYPE OR PRINT) ADDRESS 230.BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (SPEC'B'urial MOSTATE 4/4/86 Baltimore Arbutus Memorial Pk. 07/84 BP 25M 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** ma fruitson farage (VR A15 ME (5)) C. March F/H 1101 E. North Ave.

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIE CERTIFICATE OF DEATH

86 11333

3	FOR STATE REGISTRAR		DEPARTM		ICATE OF DEATH	Iki.	36	1133	33		
	1. DECEASED NAME FIRST (1YPE OR PRINT) Mattie	N	NIDDLE		liams	2a DATE OF DE.	4	2 86	26 HOUR 40	~	
1	3. SEX female	4. RACE blac		5 DATE C		6 AGE (IN YEARS LAST BIRT		MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.	-	
	70. BIRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	1.	1 30 1900	85 9 BALTIMORE CITY O	YRS	OFDEATH		_	
	COUNTRY N.C	USA		MARRIE	D NEVER MARRIED D	Baltimore	_		MD	)	
	Baltimore	(IF NOT IN SUCH	OSPITAL, NURSING	HOME C	t Street	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O Unemploye	CUPATION REMOST OF WORKING LIFE) INDUSTRY				
	SUAL RESIDENCE HE NURSING HOME O			DMISSION)		13e.STREET ADDRESS			reet		
)	14 FATHER'S NAME Ed FIRST	MIDDLE	binson		Maggie	MIDDLE		James	17.7		
	160 WAS DECEASED EVER IN U.S. AF	RMED FORCES? VE WAR OR DATES)	166 SOCIAL SECUR 243-56-76		Barbara Lee 1	ADDRE 1518 N. Ell		Street			
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUST IMMEDIA	nly ane cause per ED BY. TE CAUSE (a)	line far (a), (b), and	(c)	orebog vascul	av Infara	et	BETWEEN	ontho	=	
	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR	AS A CONSEQUEN	ICE OF	attros clar		DITION GIV	Je VEN IN PART I	rs.	_	
100	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING				N WAS PERFORMED	200 AUTOPSY?	S, WERE FINDIN FYING CAUSES	NGS USED	_		
1	On contratation Course or or	ATH HOUR A.A	M. MONTH DAY	YEAR	21c. HOW INJURY OCCURR					-	
	(IF EITHER NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED  NOT WHITE  AT WORK	21e. PLACE C	P.M. 19 ACE OF INJURY AE STREET, FACTORY OFFICE, FARM, ETC.)		211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE	-	
	270. I certify that (I) (this hasp saw the deceased alive ar above, (I) (we) (did) (did no	2-1	0 1987		nd that in (ma) roug apinian d	, ta <del></del>	10 ate and hav	ond fram the			
	226 SIGNATURE  226 PHYSICIAN'S NAME CLYPE	J. SL	22c DATE:	SIGNED 2/87							
	JAVAIL	M	SHAF	1	2300 ga	srison B	N,	MDa	1216.		
	23a BURIAL, CREMATION, REMOVAL	23b. DATE 4/7/8			nore Cemetery	23d LOCATION CITY OR TOWN Baltimor		COUNTY	STATE		
	William C. March	F/H wes	st 4300° Wa	abash	1 1	RO4 1986	25b REGIST	RAR'S SIGNATI	andell.		

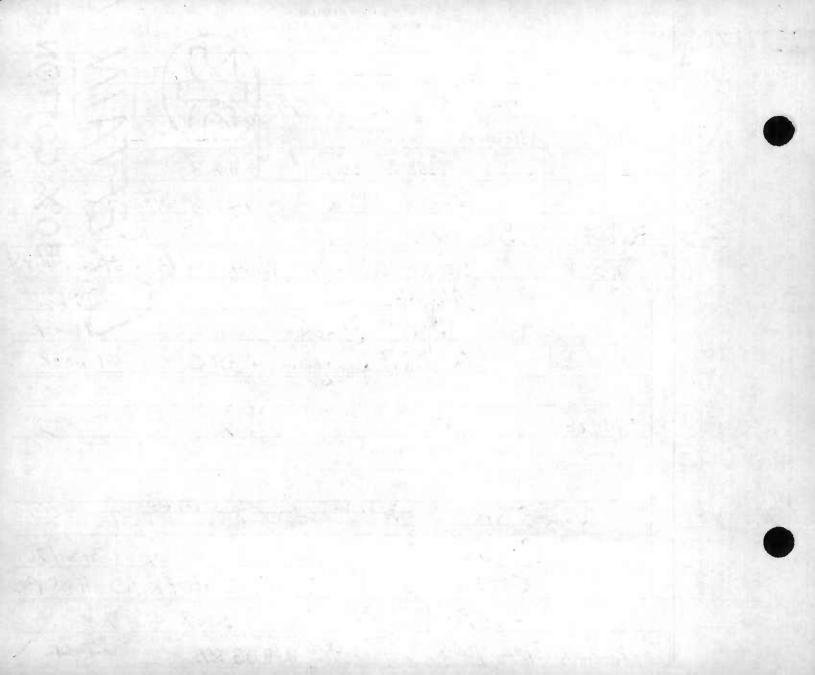
DHMH - 16 60M 7/B4 (VRA 15, 4)



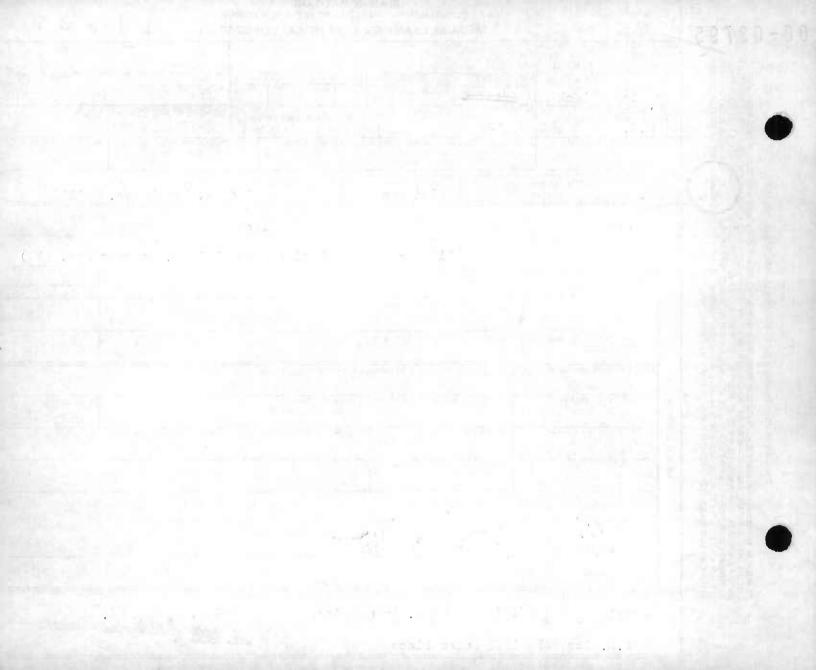
4366		FOR STATE REGISTRAR		ARTMENT	TATE OF MARYLAND OF HEALTH AND MEN RTIFICATE OF DEA	ITAL HYGIENE ITH	6 6 I REG. NO		1 3	3 4					
0.5		CEASED NAME FIRST	MIDDLE		Williams			A HINON	P 86	33 Y AM					
rs offer dept	I. SEX	Female	A RACE Black America		ATE OF BIRTH	YEAR 20	E (IN YEARS LAST BIRTH	YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.					
n 72 hou		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUN	MA	RRIED NEVER MAR	RIED	BALT. C		OF DEATH	MD					
Sed with	0. CI	BALT.	11. NAME OF HOSPITAL, N {IF NOT IN SUCH FACILITY, GIVE	STREET ADDRES			USUAL OCCUPATION OF WORK FOR MOST OF			F BUSINESS OR					
		L RESIDENCE (IF NURSING HOME OF TATE 136 COUL		TOWN	13d. INSIDE CITY I	LIMITS? 136.S	TREET ADDRESS /	zip code orth	Ave.	21213					
and 2 sh	4 FA	THER'S NAME Charlie		uels	is mother's ma	T	WIDDLE		LAS	.1					
medicol 16		(AS DECEASED EVER IN U.S. AF ES, HOOR UNKNOWN) (IF YES, GI	VE WAR OR DATES	SECURITY N		illiams	2041 I		st St.	21218					
permit. Then please remove carene prior to buriol, cremation, as ows any injury, or other troumot	ATION	ICATION	FICATION	CERTIFICATION	FICATION	CATION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last  PART 2. OTHER SIGNIFICANT  19a DATE OF OPERATION	DUE TO, OR AS A CONSIDER OF THE CONDITIONS CONTRIBUTIONS	G TO DEATH	BUT NOT RELATED TO	THE TERMINAL	osis	20b. IF YES	EN IN PART 100	NGS USED
		710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	21b. TIME OF INJURY HOUR A.M. MONTH		EAR		ENTER NATURE OF INJURY	YES	s 📋	NO []					
ked or	MEDICAL	LIFETHER NOTIFY MEDICAL EXAMINE  214 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY, O	FFICE FARM, ET	211 LOCATION STREET		CITY OF TOW	N	COUNTY	STATE					
Stote Dept. of He		22b, SIGNATUR 22d, PHYSICIAN'S NAME (TYPE C	oti view the body after death.	.D .	DEGREE ATTE PHY: 22e ADDRESS	NDING ME SICIAN DIR		e and hour		SIGNED S/M					
2:	(	urial, cremation, removal Burial			of CEMETERY OR CREA	MATORY 23	d LOCATION CITY OF TOWN	pia.	COUNTY!	Bindall D					
- 16 60M 7/B4 RA 15, 4)		m. 6 March F/H	, Inc. 1101 Ê	RESS Nort	h Ave.	250 DAIDE	D BIRECISTAR ?	SE RECHST	RAK'S SIGNAT	ФRE					



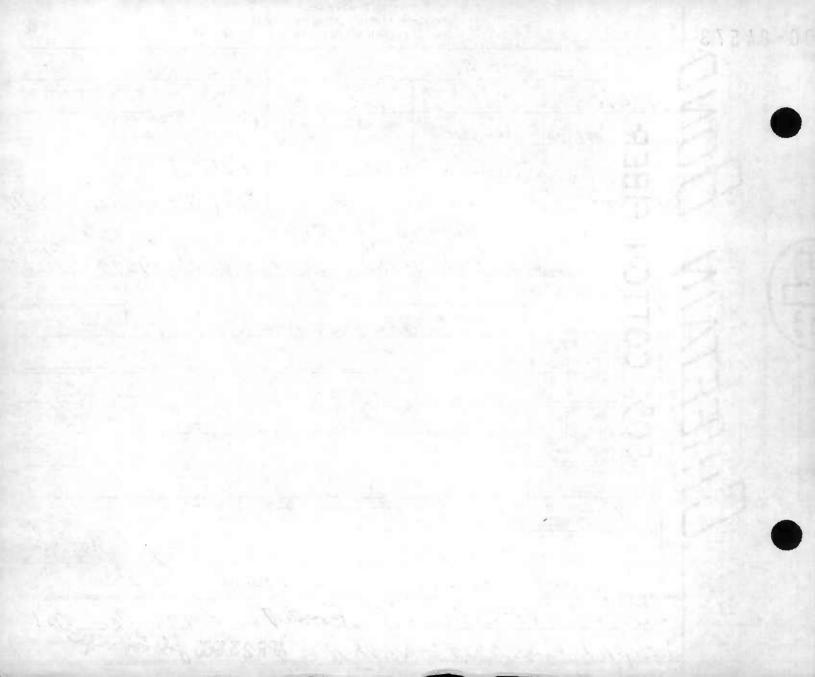
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nay be page 3		OR PRINT) GRACE	G	DLE		IAMSON	MARCH 31,		7:56 P
offer a	3. SE	-,	NEG.	Ro	5. DATE O	BIRTH  DAY YEAR  25 17	6. AGE (IN YEARS LAST BIR	THDAY)  IF UNDER 1 YEA  MONTHS DAYS  YRS.	
death Page uneral direc		RTHPLACE (STATE OR FOREIGN OUNTRY)	16. CITIZEN OF WA	7.	WIDOWE		BALTIMO		MD.
201 irs after of by the fi filed with	BA	LTIMORE	JOHNS H	OPKINS	HOSI	PITAL	(TYPE OF WORK FOR MOST C	F WORKING LIFE INDUSTRY	of Business OR
LAND 21201  LAND 21201  In 24 hours of	13a. S	AL RESIDENCE (IF NURSING HOME O TATE 136 COU		BL CITY OR TOV	VN I	13d. INSIDE CITY LIMITS? YES NO 🗌	13e, STREET ADDRESS	Stonentra	3 Rd
MARY multiple of m	)	Robert	MIDDLE BURT	Bush L	,	15. MOTHER'S MAIDEN NAM	WIDDLE	NEAL	AST
BALTIMORE, one be executable by sicion and complex. Pages, val.		VAS DÈCEASED EVER IN U.S. AI res, no or unknown) (IF yes, Gi	RMED FORCES?	13 28	2358	GARDIE W	illiamson.		ingod R4
ST., BAL trificate g physicia on paper emaval.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA	inly one couse per lin ED BY: TE CAUSE (0)	Mype		con.		APPRC BETWEE	Skimate interval nonset and death
PRESTON of death ce death ce attending remove carb mattan, ar r traumatic		Conditions, if any, which	DUE TO, OR A	AS ACOUSEON	JENCE OF	Shock		1	week
that the the day the ease rem al, cremo		gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR	andio	lal 1	unemia	+ DIC.	10	veck
RECORDS, 20	NOI	PART 2. OTHER SIGNIFICANT	CONDITIONS <u>CON</u>	TRIBUTING TO	DEATH BU	NOT REL <b>GE</b> D TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART I	(0)
1 of et h of e	CERTIFICATION	190 DATE OF OPERATION 2/4/86.		CAD.	H OPERATIO	NWAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	S OF DEATH?
OF VI	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING ] CAUSE OF DE  (IF EITHER, NOTIFY MEDICAL EXAMINE	HOUR A.M.	MONTH D	DAY YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PART 2)	
DIVISION  NG PHYSI  offer this cases the bursi th and Aber orked or It.	MED	21d INJURY OCCURRED  WHILE ON NOT WHILE OF NOT WORK	21e. PLACE OF	INJURY T, FACTORY, OFFICE,	FARM, ETC )	211 LOCATION STREET	CITY OR TO	wn county	STATE
ATTENDI Ispital or CTOR: A A for use ; of Heal		220.1 certify that (1) (this hasp sow the document of obove, (1) (we) (did) (did no			86 , on	that in (my (our))opinion (	, to3/3// death accurred on the d	ote and hour and from th	e couses stated
TAL OR y the horse As DIRE detached detached to Total Director Total Dept.		22b. SIGNATURE	C-Tar		ľ	EGREE ATTENDING PHYSICIAN	MEDICAL STA	-	31/86
TO HOSPITAL ( retained by the TO FUNERAL [ should be deto with the Store t		22d PHYSICIAN'S NAME (TYPE	CTAN	IM L		22e ADDRESS JOH	NS HO.	PKINS F	POSP.
BP	(	Burlo Burlo	236 DATE 4/15/	186 230	NAME OF G	METERY OR CHEMATORY	23d LOCATION BUT OR ON TO	me	STATE
DHMH - 16 50M 1/81 (VRA 15, 4)	24 FU	weral director	Here /3	30477	Centra	APR	O 3 1986	256 REGISTRAR'S SIGNA	TURE



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<b>4 0 0 0</b>			ASED NAM	E F	IRST		MIDDLE			LAST		-	DATE KI	NOWN	MONTH	DAY Y	AR 26 HOU	R
% e	5 FOR YOUR FILES. WHININ 72 HOURS W PRESTON STREET	(1117	ORPRINT	Jos	seph:	ine			Wil	tshir	е		OF DEATH A	AATED X	4-	9 198	36	М
FEE	HOUN	I. SEX		4. RACE		5. DATE OF BIRTH	14 4 3 5	6. AGE (IN YE		DER 1 YR.	HOURS		C. DATE	FD	MONTH	DAY	EAR 2d HOL	
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SNE	2 × -	10 CI	N,C,	OF DEATH		11. NAME OF HOSP	ITAL MIII	SING HOM	WIDOW		DIVORCE		Balt	imore			F BUSINESS	D.
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21201 ANY D		13a. S			COUNT	OTHER INSTITUTION, GIVE Y	13c. CITY	DEFORE ADMISS OR TOWN Imore	ION)	13d INSIDE (	NO [		ET ADDRESS W. N		Ave.	212	216	
BALTIMORE, MD. 21201 S AFTER DEATH FANY GIVE PAGER	65500	14. FA	THER'S NAMI		-115	MIDDLE LAST IS. MC				15. MOTH	ER'S MAIDE		MIDI		Brown	LAST		=
IMO ER D	N S S S		AS DECEASE			ED FORCES?		IAL SECURIT		17. INFOR				ADDRESS				entiquest
SAFI	TH F NAGE						219	-30-06	78	The	1ma S	cott	2528	W. Fa	ayett	e Ave.	(23)	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR PITING THE WORD, "PENDING" IN JEFA 18	F MEDICAL EXAMINER ALONG WITH FOR ED AS A BURIAL-TRANSIT PERMIT. PAGES 1 HEATH AND MENTAL HYGIENE, DIVISION AL, CREMATION, OR REMOVAL.		Canditia gave ri	ATH WAS	Which dedicate	DUE TO, OR A	perte s a con	ensive SEQUENCE	OF	iovas	cular	Dise	ease			APPROX BETWEEN	MATE INTERVAL DNSET AND DEAT	-
ORDS, 201 V	A BURIAL- IH AND MEN EMATION, C	z	lying car	ise last.		ONTRIBUTING TO DEATH BU				OR CONDITIO	N GIVEN IN PAR	RT 1 (0).						=
RECO ID BE	MET AND ASSET	CERTIFICATION	19a. DATE OF	OPERATIO	N	196 CONDITION	ON FOR V	WHICH OPER	RATION W	AS PERFOR	MED?					20. AUTO	PSY?	_
AITAL RE SHOULD	CHIEF E USED T OF H	IFIC														YES		,
ON OF V	WARDED TO THE CHIEF I PAGE 3 SHOULD BE USED STATE DEPARTMENT OF HE 7, 21201 PRIOR TO BURIAL,	CAL CERT	210. EXTERNA UNDERLYING CONTRIBUTI			21b. TIME OF I HOUR A.M. EATH P.M.		DAY YEAR	R 21c. HC	W INJURY	OCCURRED	D LENTER NA	TURE OF INJUR	RY IN ITEM 18 F	PART 1 OR PA			
DIVISI THIS CERT	VARDED PAGE 3 SH TATE DEP/ 21201 PRI	MEDICAL	WHILE AT WORK		LE 🗍	21e PLACE OI STREET, FACTO				TREET			CITY OR TOWN	1	со	UNTY	STATE	
O MEDICAL EXAMINER: 1	SHOULD BE FOR RAL DIRECTOR ATH, WITH THE RE, MARYLAND		226. I certification of the ce	Clei	Natura	of the remains described to the remains descri	ry	m)		Homic	PECIFY) stant	Undeter	Inquiry Commined manners at EXAMIN	ner .	DATE SIGNE	4-10	0 <del>-</del> 86	
<b>5</b> X	PA PA	23a. Bl	JRIAL, CREMA	TION, REMC			23c. N	IAME OF CE	-		ORY	23d LOC	ATION		COU	NITY	STATE	Ξ
07/84 BP			Burial			4/16/86	N	It. Au	burn			Ва	lto.		Md		JINIE	
	HMH - 17 A15 ME (5)}	24 FL	Chas. A		FSP	A 1300 Eu	taw I	lace			APR	16	1985		Lauria	NO-HELICASIO		



STATE OF MARYLAND

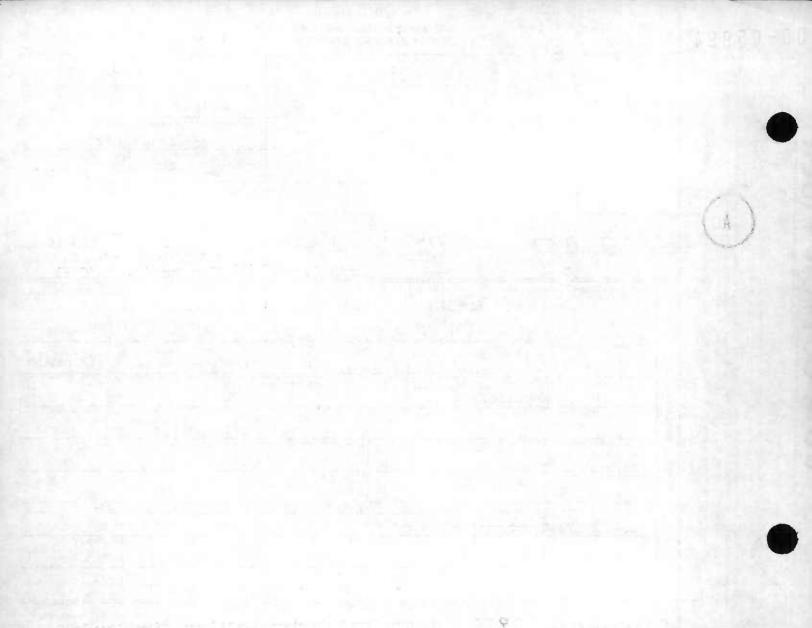


DHMH - 16 60M 7/B4 (VRA 15, 4)

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	1-	FOR STATE REGISTRAR	DEPARTMENT (	FATE OF MARYLAND OF HEALTH AND MENTAL HYGI TIFICATE OF DEATH	REG. NO.	1 1 3 3 9
		CEASED NAME FIRST	Denise  1. RACE  1. DA	LAST  Witte  JE OF BIRTH	20. DATE OF DEATH NT	212483
	3. SEA	Ferrele '		IN DAY YEAR	33	MONTHS DAYS HOURS MIN.
5	7u. BIF	RTHPLACE (STATE OR FOREIGN		RRIED NEVER MARRIED DOWED DIVORCED	9 BALTIMORE CITY OR CO	ee C. by MD.
8	Ja Ci	Baltinae	11. NAME OF HOSPITAL, NURSING HOM	Hospatol	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR HOUS EWI	
b	13s. 5	TATE NO HISTORIAN BA		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP 825Lind	
30	Gle	THER'S NAME	Moser ET	15 MOTHER'S MAIDEN NAM	MIDDLE 12	nartin And
2		VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECURITY NO NEW AR OR DATES) 217-62-01		. Witte	25 Lindellen Ave. Zeisterstown lud
		PART I. DEATH WAS CAUSE	oly ane cause per line far (a), (b), and by:  [E CAUSE (a)]	dopulmonany Ar	rest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  Sommfly
		Conditions, if any, which gave rise to immediate cause 101, stoting the underlying cause last	DUE TO, OR AS A CONSEQUENCE C	R Breast Carc.	momq	zyears
	NOI	. //	CONDITIONS CONTRIBUTING TO DEATH		nal disease or conditio	N GIVEN IN PART 110
2	CERTIFICAT	190. DATE OF OPERATION	196 CONDITION FOR WHICH OPERA		YES   NON	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \ NO \
1	1	216. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEA	HOUR A.M. MONTH DAY YE	21c HOW INJURY OCCURRI	ED (ENTER NATURE OF INJURY IN IT	EM 18 PART 1 OR PART 2)
	MEDICAL	21d. INJURY OCCURRED  WHILE ON WHILE OF AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC	231 LOCATION STREET	CITY OR TOWN	COUNTY STATE
		sow the deceased olive on abave, (1) (we) (did) (did na	tal) ottended the deceosed from 19		eath accurred on the date ar	nd haur and from the couses stated
		22b. SIGNATURE	Ano	DEGREE  ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	226. DATE SIGNED
1		224. PHYSICIAN'S NAME (TYPE	ety pl	220 ADDRESS	of MD b	loseth
	(1	BULLIA'C	236. DATE 23, 1984 Eve.	Green Mem. GA	23d LOCATION CHARLOWN FINKELU	ig Carroll Wid
4	24.50	HERAL DIRECTOR Ships	ndt Owings Mi	ills lud 250 AP	R 2 2 1986	EGIST PAR'S

1/21/26 steeps Feele Rething Cty - Rolling -Una de Morghed Hospital The state of the s Mary Commencer and promote the it 19 wall 2 Middle Board Continents expens



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DHMH - 16 60M 7/84 (VRA 15, 4)

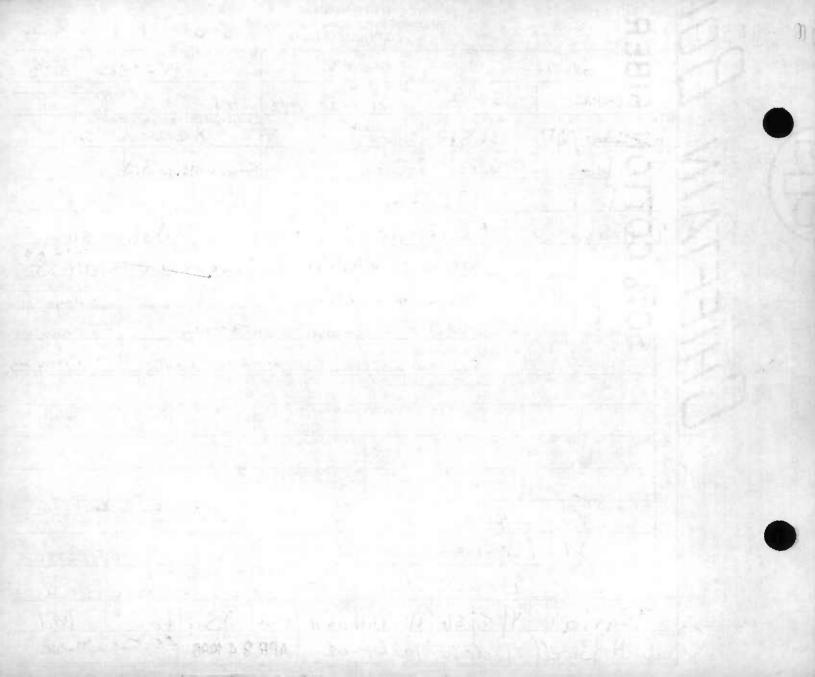
FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	1-	STATE REGISTRAR	DE		ICATE OF DEATH	REG. NO.	36 11341
X	(TYPE	CEASED NAME FIRST OR PRINT) Bernard	Clinton	Wor	194S	20 DATE OF DEATH MONTH	20/86 93.
	3 SEX		Black	12 MONTH	DE BIRTH DAY YEAR 21 1934		IF UNDER LYEAR IF UNDER 24 H MONTHS DAYS HOURS M
35	(	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COU	MARRIE WIDOWE		Baltimore city or col	a City
B/		Ba Himore	(IF NOT IN SUCH FACILITY, GIV	HOSP	DR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK  Coin Collector	126. KIND OF BUSINESS INDUSTRY  City OF Bay
	13a. S	AL RESIDENCE (IF NURSING HOMFOR	VTY 136. GITY O		13d INSIDE CITY LIMITS? YES NO 1		CODE hur AUE 212
CComin		James	Wo	NST NGUS NL SECURITY NO.	FIRST, ESSIE  17. INFORMANT	MIDDLE	Phillips
ne medica		VAS DECEASED EVER IN U.S. AR (ES. NO OR UNKNOWN) (IF YES. GIV	WED FORCES? 166 SOCIA	32-5962		Key 5011	Beautort M
ner traumatic event,		Conditions, if any, which gave rise to immediate couse (a), stating the	D BY. TE CAUSE (a) PREU  DUE TO, OR AS A CON	mocysti usequence of uired		oficiency syr	va-3n
nows ony injury, or of	CERTIFICATION	PART 2 OTHER SIGNIFICANT OF THE PATT & CAN		Renal Fa	ilure 20 why	200 AUTOPSY? 20b.	N GIVEN IN PART 110  Y POX P ( A )  IF YES, WERE FINDINGS USED  ERTIFYING CAUSES OF DEATH?  YES \( \)  NO \( \)
r Item 18 st	MEDICAL CE	21a ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA	HOUR A.M. MONT	TH DAY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITE	M 18 PART ( OR PART 2)
norkedo	ME	WHILE NOT WHILE AT WORK	( AT HOME STREET, FACTORY,		STREET	city or town	COUNTY STATE
IT: If Item 21 is		22a I certify that (I) (this hospi saw the deceased alive an abave, (I) (we) (did) (did na 22b. SIGNATUR	111	19 16,01	nd that in (my) (our) opinian of DEGREE ATTENDING PHYSICIAN		d have and Iram the causes stated
A		22d PHYSICIAN'S NAME STYPE O			22e ADDRESS 301	34 Paul Str	201
IMPORTAN	20	J. Kinne		120	Balt	more mad	1 /
IMPOR	23a. B	BURIAL, CREMATION, REMOVAL SPECIFY)  SPECIFY)	/		-	23d LOCATION CITY OR TOWN CATONS VILL	yland 2121

00-04531		FOR PET Phone REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 6	11342
noy be poge 3	{TYP	CEASED NAME GIRST		WOODEN	20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR 5 5 5 4 M
ge 4 mcge 4 mcge 7 softer	3. SE	FEMALE	4 RACE BLACK	5. DATE OF BIRTH MONTH DAY YEAR 01 30 1943	6 AGE (IN YEARS LAST BIRT	MONTHS DAYS HOURS MIN.
neral dir	£ 70. B	IRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OF	COUNTY OF DEATH THURE CITY MD.
is ofter d	10.0	3alto.	(IF NOT IN SUCH FACILITY, GIVE STREET	IG HOME OR OTHER INSTITUTION ADDRESS) OSPITAL	120. USUAL OCCUPATION LITTE OF WORK FOR MOST OF	
AND 212	130	AL RESIDENCE (IF NURSING HOME OF		N 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS /	1 (1 0)0!!!
executed with	1 160	ATHER'S NAME	RMED FORCES? 166 SOCIAL SECU		PE MIDDLE ADDRE	Sohm 30m 21223
, BALTIMC ficate be e: hysician ar popers. Pag	-	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per line for (o), (b), on ED BY:	d ici	ortune -87	2 WI Tayette ST  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  3 down
201 W. PRESTON ST ess frot the death cert please terrove corbor orial, cremotion, or rer or other troumatic es		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE (b) PROBABLE DUE TO, OR AS A CONSEQUE (c) SQUAMOU	ENCE OF MYOCARDIAL		3 days
LI RECORDS, he law requiring hos been sign permit. Then ene prior to buy any injury ows any injury ows any injury	CERTIFICATION	19a DATE OF OPERATION		OPERATION WAS PERFORMED	200 AUTOPSY?  YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO
ON OF VITA  HYSICIAN: TH ding physicians is certificate buriol-tronsit Mentol Hygie	1 20	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH D		JRRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2)
VISIG G PH G PH er thi s the l	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, I	211 LOCATION STREET	CITY OR TO	WN COUNTY STATE
R ATTENDIN hospital or with the for use of the office of t		saw the deceased alive or	ital) attended the decreased from 1/2 2 19 19 19 19 19 19 19 19 19 19 19 19 19	- 1	. 10	22 , 19 , that (1) we) lost te and hour and from the causes stated
0 . 0 0 .	1	22d PHYSICIAN E DAME (IIII	Benne	MD ATTENDING PHYSICIAN	☐ DIRECTOR ☐ PHYSIC	FIAN 4/22/86
TO HOSPITAL (retoined by the TO FUNERAL (should be detoined by the should be detoined by the State (the State of the State	1	J.D.	BENNER,	MD 301 ST. PAU	LPL, BA	TAL LTIMORE, MD ZIZOZ
BP		BURIAL CREMATION, REMOVAL	236 DATE 86 M	TI GULLYN (C)	m Seil	to. COUNTY Marie
DHMH - 16 60M 7 8- (VRA 15, 4)		UNERAL DIRECTOR NAME A POWEL	1-1206 WORM		PR 2 4 1986	REGISTRAR'S SIGNATURE



		AND

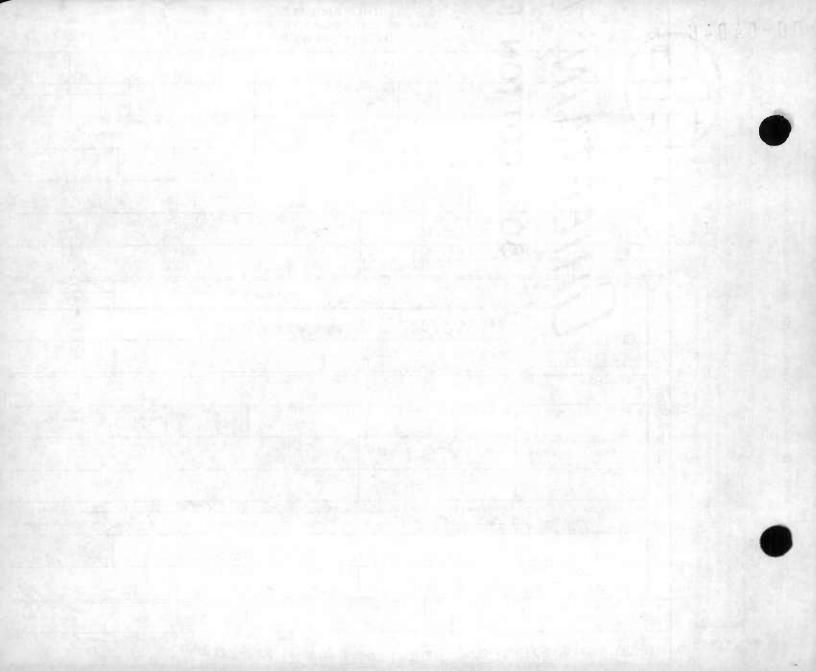
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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ATE OF	REO. I	VO.	 	VE 4.0	21 110111	-

00-04620	1.	STATE REGISTRAR		DEPART		CATE OF DEATH	REG. NO	D.	3 4 3
		CEASED NAME FIRST		MIDDLE	L	XST	2a. DATE OF DEATH	MONTH DAY YE	AR 2b. HOUR
y be oge 3 death	{14P	GEOF	RGE	A.E.	WOOI	OWARD, SR.	9	21/80	6:50 PM
ao a	3. 8E	X	4. RACE		5 DATE C		6. AGE (IN YEARS LAST BIRT		YEAR IF UNDER 24 HRS
The second of th	1.	Male	W	hite	1	14 08	78	YRS.	
Po din		IRTHPLACE (STATE OR FOREIGN	76. CITIZEN C	OF WHAT COUNTRY?	8	X NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEAT	н
2720 orth		Maryland	п.	S.A.	WIDOWE		Raltime	ore City	MD.
fer d		ITY OR TOWN OF DEATH	11. NAME C			ROTHER INSTITUTION	120 USUAL OCCUPATE	ON 126. KIN	ND OF BUSINESS OR
10 0		altimore		theran Hos			Plumber	P1u	mbing
212 hou	USU 130.	AL RESIDENCE (IF NURSING HOM STATE 136 CO	DUNTY	ON GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	13e STREET ADDRESS	7 IP CODE	
ND 24	M	aryland		Baltimor		YES NO	5019 Willis		t 21229
YLA reby 2 sh		ATHER'S NAME	WIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME		
MAR ed w		George	MIDDLE	Woodw	ard	Annie	WIDDLE		Bruhlman
	16c '	WAS DECEASED EVER IN U.S.	ARMED FORCES			17 INFORMANT	ADDRE		Diuminan
IMORE oe execu		NO NO OR UNKNOWN) (IF YES	GIVE WAR OR DATES		3124	Rita Woodwar	d 5019 Wil:	liston St.	21229
Sicio pers ol.		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA	r anly one cause p	and line for the line	al table				PROXIMATE INTERVAL VEEN ONSET AND DEATH
T., E			USED BY. DIATE CAUSE (a).	SE	PS 13	PARO USS C	UMONIA		
or re		THE STATE OF THE S	DUE TO	OP AS A CONSEQUE	ENICE OF				
STO eoth on,		Conditions, if ony, which	DOE 10,	OK AS A CONSCOOL	10122	PARO UAS C	were so	MAN	
PRE o be d motion	10	gave rise to immediate cause (0), stating the	3				MARK TO I		
W.  So t to the second of the		underlying cause last	100210	OR AS A CONSEQUE	ENCE OF				
201 pled pled vrial		PART 2 OTHER SIGNIFICAL	NT CONDITIONS		DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PAI	RI Ira
to b	Z								
RECORDS  low requi os been sig ermit. The e prior to to	CERTIFICATION	190 DATE OF OPERATION	196 CON	NDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20c AUTOPSY?	20b. IF YES, WERE FI	
L RE lo n.	7 8						YES TO NOT	IN CERTIFYING CAL	USES OF DEATH?
ITAI	H	21a. ACCIDENT WAS UNDERLYING	21b. TIME	OF INJURY		21c HOW INJURY OCCUR			
Physical Hybrid Physical Hybri		OR CONTRIBUTING CAUSE OF	DEATH	A.M. MONTH DA					
YSIC ding s cer	MEDICAL	21d INJURY OCCURRED		P.M. CE OF INJURY	19	211 LOCATION			
DIVISION OF VIT.  NG PHYSICIAN: 1  contending physic ther this certificate of the buriol-from the ond he handel Hyge arked or them 18 sh	ME	WHILE NOT WHILE AT WORK		STREET, FACTORY, OFFICE, F	ARM, ETC )	STREET	CITY OR TO	WN COUNT	Y STATE
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T S S S S S S S S S S S S S S S S S S S		220.1 certify that (1) (this hi				d that in (my) (aur) apinian	death accurred on the do		, that (l) (we) lost
R ATTEN hospital RECTOR red for und fo	100	sow the deceased olive abave, (I) (we) (did) (did 22b. SIGNATURE	d nat) view the ba	dy after death.		DEGREE			PATE SIGNED
0 0 0 0 0		220. SIGNATURE	211.	1 01		ATTENDING	MEDICAL STAF	F	4 2
by the Brade Brade Geral Store Anti-		22d. PHYSICIAN'S NAME (T	erro	0.00	ny	PHYSICIAN [	DIRECTOR PHYSIC	IAN	9/2/16
OSP ed bed by the Strate				1. CIA	775		04.1 14	00.00	
O HOSP etoined TO FUNI should bi with the		GEDUUIO		c. Cool	10	CUTHE		SPITAL	
Es Fase		BURIAL, CREMATION, REMOV			NAME OF C	METERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE
BP		Burial	4/24	/86 Lo	rraine	e Park Cem.	Woodlawn	Baltimor	e Maryland
DHMH - 16 60M 7/84	24 F	UNERAL DIRECTOR		ADDRESS		21229 25°A9A	E REGID BY REGISTRAR		
(VPA 15 4)	17	whhered Europe	Ilomo			1227	2 1 1000	1	4

DHMH - 16 60M 7/84 (VRA 15, 4)

1	0.1.0			FOR			E OF MARYLAND	VO IPIUS	).
-	048	46	1-	STATE REGISTRAR			FICATE OF DEATH	REG. NQ.	1344
		1		CEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH MONTH D	AY YEAR 26 HOUR
	y be	0	10	MARY	D.	W	100 TEN	APRIL 20	1986 5:45PM
	4 mo		3. SE	X 4	I. RACE	5. DATE (		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	90 95		F		В	7	14 51	34 YRS	
	ter death. Po be funeral, dii within 72 hau	J/ once		ORTH CAROLINE	U.S.A.	MARRIE WIDOWI	NEVER MARRIED DIVORCED	BALTIMORE, C	OF DEATH ITY MD
	s ofter by the filled wit	Confied of		TY OR TOWN OF DEATH  LTIMORE		, nursing home ( GIVE STREET ADDRESS) RETT AVI	OR OTHER INSTITUTION ENUE	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	12h KIND OF BUSINESS OR
	filled in	and the second	130 0	AL RESIDENCE (IF NURSING HOME OR CONTACTE 1336 COUNT		ORIOWN TIMORE	13d INSIDE CITY LIMITS?	2557 GARRETT	AVE. 21218
	ed within mpletely ond 2 sh	15		THER'S NAME UEBE	LEW	ŤŠ	BERTHA		GREEN
	e executed		16a V	VAS DECEASED EVER IN U.S. ARM	WAR OR DATES	-86-3531	17 INFORMANT EDNA MOC	PRE 2532 GARRET	Γ AVE. #18
	certificate b ng physicial bonpopers.	اع .		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED		0), (b), and (c))	mou less	7	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		or ren		IMMEDIATE	C/1002 (0)		sjory mass	<u>′</u>	
	deoth ottend ove co	non,		Conditions, if ony, which	DUE TO, OR AS A CO	INSEQUENCE OF	THE STONE	IACH	
	by the	er .		gove rise to immediate couse (0), stating the underlying couse last.	DUE TO, OR AS A CO	ONSEQUENCE OF			
	quires the signed hen pled	0 0	Z	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUT	ING TO DEATH BUT	NOT RELATED TO THE TER	RMINAL DISEASE OR CONDITION GIVE	N IN PART 1(0)
DIVISION OF VILAL RECORDS,	he low relon.	ws ony ii	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOI	R WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSÝ? 200. IF YES, IN CERTIFY	WERE FINDINGS USED (ING CAUSES OF DEATH?
5	SICIAN: T ng physici certificote priol-tronsi	tentol Hygier	_	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MOI P.M.	NTH DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT I OR PART 2)
	offending offer this control	ond N	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJUR	Υ	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
2	tol or Tol or	T. S		22a.l certify that (I) (this hospital sow the deceased alive on above, (I) (we) (did) (did not)			14 20 , 19 SC	n death occurred on the date and hour	9 FL that (I) (we) lost
		Dept. of	118	obove, (I) (we) (did) (did not) 22b. SIGNATURE	view the body ofter deo		DEGREE	and the second of the sole one hour	22c. DATE SIGNED
	0 0 000			L.m. Jama		0	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	4/22/86
		with the Stote		22d. PHYSICIAN SMAME (TYPEOR		0.	220. ADDRESS CHURCH NO.	SPITE: 100 N. BROAD	WAY BALD MP
	5 a 5 d	3 ≧			23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY		21231
	BP			URIAL	4-26-86	EAST		BÄLTIMORE	MARYT.
D	WHMH - 16 50/ (VRA 15,		24 FU	M.C.MARCH F/I	H INC. 110	ADDRESS 1 E.NOR	TH AVE	ATE REC'D. BY REGISTRAR 25b. REGISTR	AR'S SIGNATURE



FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

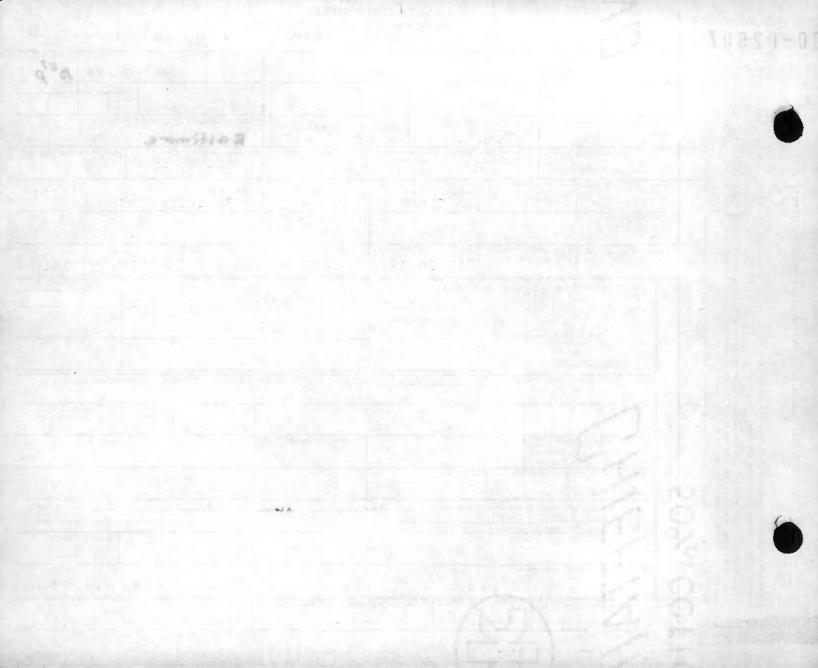
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E OF DEATHOUT	DAN	WE 40	0.1	110110	_

100	REGISTRAR						REG. NO.			
1 DE	CEASED NAME AKE	Bessie	MIDDLE M.	Į,	AST Shaw		20. DATE OF DEATH MONTH	DAY YEAR		OUR
	=	Bessie	M		Worth		APRIL 17, 19	86	12	:45 P.
2.58	FEMALE	4 RACE	HITE	5. DATE O		Go. 050	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 Y		ER 24 HRS
12	I DUMUM	AA	UTIE	HTMOM	RCH 12.	1910	76 YRS		HOUR!	MIN.
lo B	IRTHPLACE (STATE OR FO	DREIGN 76. CITIZEN OF	WHAT COUNTRY?	8			9 BALTIMORE CITY OR COUN	ITY OF DEATH	1	
M	aryland	U.S.	Α.	WIDOWE	D L NEVER M	ORCED 🗀	BALTIMO	RE C	ity	MD.
10 C	BALTIMORE		HOSPITAL, NURSIN	IG HOME O		TUTION	12a USUAL OCCUPATION	12b. KIN SLIFE) INDUST	D OF BUSI	
1	DALITIONE	ST	AGNES HO				Self Employed	Amus		Ride
USU	AL RESIDENCE (IF NURS	G HO AE OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION -						
	aryland	Balto	Baltimor		13d INSIDE CI	NO []X	3221 Magnolia		1227	
	ATHER'S NAME				15 MOTHER'S			1110 20	-221	
1	John	WIDDIE	LAST	ais		Susan	MIDDLE	Pa	atric	k
16a./		N U.S. ARMED FORCES?	16b. SOCIAL SECU		17 INFORMAL		ADDRESS	Md 210	-	
	(YES, NO OR UNKNOWN)	(IF YES GIVE WAR OR DATES)					12 South Meadow			11non 1 -
_	NO		213-28-3	333	DON LI.	DIIO.W .	TE DOUGH MEADOW			
	18 CAUSE OF DEATH PART I. DEATH WA	Enter only one cause pe	r line far (0), (b), an	d icul				BETWI	ROXIMATÉ IN EN ONSET A	ND DEATH
	Conditions, if any,	which (b)_	Loug St	man	a Chro.	VIC OB	stortive long	05		
		which (b)_	Long st	many	a Chro.	NIC OB	storetive long	25		
	gave rise to imm cause (a), stating	the DUE TO, C	RAS A CONSEQUE	ENCE OF						
	underlying cause	lost.	50 well	Esec	FON,	for O	iverticulità	5		
7	PART 2 OTHER SIGN	IFICANT CONDITIONS C	ONTRIBUTING TO I	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PAR	Tira	, 11
CERTIFICATION		rotic leak	1 Och	3cen	ce,	Severe		- Foris	tes,1	45 CUL
CA	19a DATE OF OPERAT		ITION FOR WHICH				111.000	YES, WERE FIN		
TIF	4/8/84	o de	hiscence	of ANA	stomed by	eleak	YES NO	YES 🗌	NO	
	210. ACCIDENT WAS UND	110110	DE INJURY	AY YEAR	21c. HOW INJ	URY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM )	18 PART 1 OR PART	2)	
CAL	OR CONTRIBUTING C	1/2500	M) 4 /	7 198	*					
MEDICAL	21d. INJURY OCCURR		OF INJURY		21f. LOCATIO	N	CITY OR TOWN	COUNTY		STATE
Z	AT WORK AT WOR	LE	REET, FACTORY, OFFICE, F	ARM EIC)	STREET		CHY OK TOWN			SINIE
		this hospital) attended t	he deceosed from_	1 /2	28	19 86	10 4 17	19.86	_, that (l)	(we) last
	saw the decease	d olive an 4/1	19	P G, on	d that in (my) (	aur) apinian c	death accurred on the date and h	nour and fram		
	abave, (1) (we) (d	d) (an and view the bad	ofter death.		DEGREE				ATE SIGNE	_
	du to	-11	-		ad a Al	TENDING	MEDICAL STAFF	10	lini	100
	274 AHYSICIANS NA	ME I ME ON PARKET	nach	2	22e ADDRESS		DIRECTOR THYSICIAN	1/	1111	84
	D. 211 -	5 0.7.0	-		gora.	^				
	MARROWY	J. PIGNA	1110		100		1 AUR			
	BURIAL, CREMATION, F	236. DATE 4/21	101		EMETERY OR C		23d. LOCATION	COUNTY		STATE
		4/21	Net	adowr	idge Me		Baltimore		ard	Md
24 F	UNERAL DIRECTOR	once 4001 R	A L . N -ADDRESS-	177		25a DATE	E REC'D. BY REGISTRAR 256. REG			
	COLEG de (7	Duce 4001 R	itchie He	wv Ba	ilto Md	A	PR 22 1986 9 4	a Davidon	~	A CONTRACTOR OF THE PARTY OF TH

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL

			1					OF MARYLAND		100			•
0 - 0	2902	~	1.	FOR STATE REGISTRAR		DEPA		EALTH AND MENTA ICATE OF DEATH		8 6 REG. NO		3	4 6
				00.00		MIDDLE		AST	2a. C	DATE OF DEATH "	ONTH DAY		b. HOUR
	poge 3			(	IRRY	E	M	Right		Ó	4 03	-	10 PM
٨.	ge 4 mo ector, po rs offer o		3. SE	x femal	4 RACE BLA	KK	5. DATE O	DAY YE	6. AC	GE (IN YEARS LAST BIRTH	MONTHS		FUNDER 24 HRS
	5 <u>i</u> 5	0:		RTHPLACE (STATE OR FORE)	GN 76. CITIZEN OF	WHAT COUNT	RY? 8.	NEVER MARRIE	9. BA	ALTIMORE CITY OR		EATH	
	er deoth. e funerol within 72	5		A.	U.S.	. A .	WIDOWE	DIVORCE		Baltim	re CI	TY	MD.
10	rs offer d by the fu filed with	politied	10. €	BREH mee	11. NAME OF I	H FACILITY, GIVE S	RSING HOME O	R OTHER INSTITUTIO	(TYP)	USUAL OCCUPATION OF WORK FOR MOST OF OMESTIC	WORKING LIFE) IN	KIND OF I	BUSINESS OR
ND 212	filled in ould be f	apsupe.	130.	AL RESIDENCE (IF NURSING I STATE 138 RYLAND	HOME OR OTHER INSTITUTION.	GIVE RESIDENCE OF 13 C. CITY OR 1	NWO	13d. INSIDE CITY LIM	MITS? 136. 3	STREET ADDRESS	LDSPRIN	IG LA	21215 NE
YLA	within letely d 2 sh	ine		THER'S NAME				15 MOTHER'S MAID					
MAR	omple 1 and		A	LFRËĎ	WIDDLE	AYER	.S	MARY		WIDDLE		AYER	S
RE,		ico	16a. \	VAS DECEASED EVER IN L	J.S. ARMED FORCES?		ECURITY NO.	17 INFORMANT		ADDRES	S		-1154
MO	n ond	medico		YES NO OR UNKNOWN) (18	TES, GIVE WAR OR DATES)	219-3	0-1213	A JOSEP	PH WRI	GHT 102	5 BENNE	ETT F	LACE
RDS, 201 W. PRESTON ST.	equires that the death cert n signed by the attending Then please remove corba- rto burial, cremation, or re-		NO	Conditions, if ony, who gove rise to immedicause (o), stating	$ \begin{cases} \text{b} \\ \text{otherwise} \\ \text{the ost.} \end{cases} $ $ \begin{cases} \text{b} \\ \text{DUE TO, O} \\ \text{(c)} $	R AS A CONSE	EQUENCE OF	YO CARLES	Infa-	DISEASE OR COND	ITION GIVEN IN	PART 1(a)	
AL RECO	on. hos beer t permit. I	shows ony	CERTIFICATION	190. DATE OF OPERATION	N 196 COND	ITION FOR WH	HICH OPERATION	N WAS PERFORMED	A 19	ES NO	206. IF YES, WER IN CERTIFYING YES [	CAUSES O	S USED F DEATH? NO
OF VITA	iySiCJAN: The ding physicio s certificate b buriol-tronsit Mentol Hvaie	8		210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	E OF DEATH HOUR A.	M. MONTH	DAY YEAR	21c. HOW INJURY C	OCCURRED (	ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OF	RPART 2)	
DIVISION OF VITAL RECORDS,	offending offending ter this ca s the burn		MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	21e. PLACE			21f. LOCATION STREET		CITY OR TOW	N CC	YIMUC	STATE
	OR ATTENDING e hospital or DIRECTOR: Attorbed for use o	21 is mo	V	220.1 certify that (1) (thi saw the deceased a above, (1) (we) (did)	s hospital) attended the	de deceosed from		d that in (my) (our) o	g/	occurred on the dot	e ond hour and f		at (I) (we) last uses stated
U	ALOR A the horal ALDIRE detoched	T: If Hem		22b. SIGNATURE		2			DING ME	DICAL STAFF		2c. DATE S≢	GNED
	reformed by the TO FUNERAL I should be deto with the Stote I	MPORTANT		220. PHYSICIAN'S NAME	(TYPE OR PRINT)	IR		220 ADDRESS	- 11.50	ritel	BALTI	MAU.	HL
	5 5 5 2 3	≤	230.	BURIAL, CREMATION, REA			23c. NAME OF C	EMETERY OR CREMA	ATORY 23	d. LOCATION	COUR	NTY	STATE
	BP			URIAL	4-8-	-86	MOUN	T ZION		LANSDOW		MARY	LAND
DH	MH - 16 50M	4/B2		UNERAL DIRECTOR	The same of	ADDRI	ESS	2	250. DATE REC	D. BY REGISTRAR 2			
	(VRA 15, 4)		W	M.C.MARCH	F/H INC.	1101	E.NORT	H AVE.	APP	0 8 1088	بالمنافسة مسلند	71-4000/	gandelle



FOR

## STATE OF MARYLAND

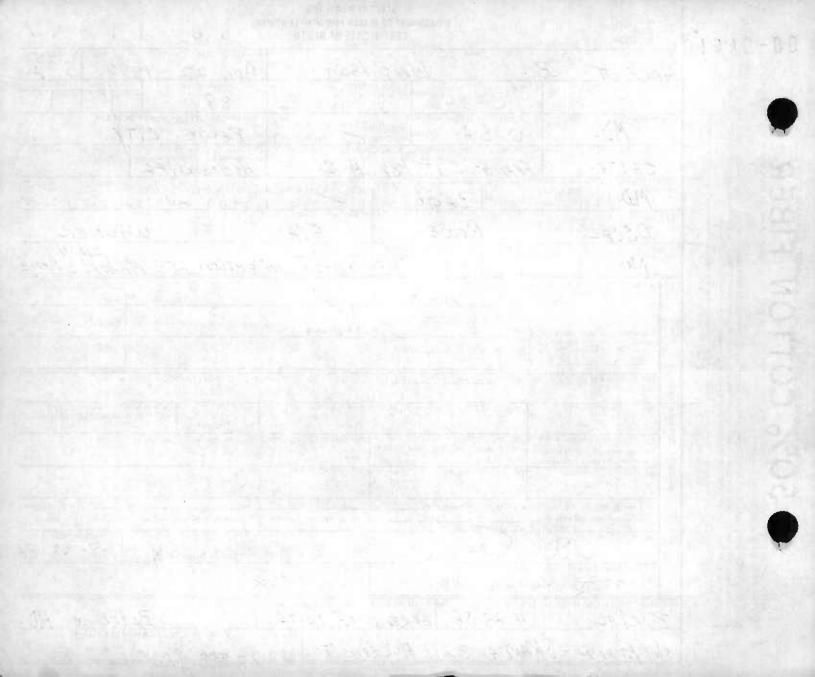
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

6 REG. NO.	1	1	1
KEO. 140.			

O	1 -	STATE REGISTRAR			CERTIF	ICATE OF DE	ATH	S C REG. N	0.	1 0	the	1
V		CEASED NAME FIRST PRINT)  ARRIVETT E	3.	MIDDLE	rish	450n		Apr 23	монтн /	386	26. HOUR 5	-M
	3 SE	F	1 RACE	406	5. DATE O	· Dittiii	YEAR 6	6 AGE (IN YEARS LAST BE		IF UNDER I YEAR	IF UNDER 24 HE HOURS MI	RS IN.
		RTHPLACE STATE OR FOREIGN	0.5	A.	WIDOWE		RCED 🗌	BALTO	· Ci	OF DEATH		MD.
1		BACTO-	FRANCI	The state of the s	ADDRES	M. C	NOITU	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF	OF WORKING LIF		F BUSINESS (	OR .
P. Carrier	13a S	MD.		131 CITY OR TOW	N		0 🗆		ZIP CODE	1 / 1	- BA	LT.
	14 FA	OSCAR	MIDDLE	ROWE		15 MOTHER'S M	VA	MIDDLE	u	JILNE	ER	
		VAS DECEASED EVER IN U.S. ARI YES, NO OR UNKNOWN) (1F YES, GIVI	MED FORCES? E WAR OR DATES)	213- 67		JAMES	J. WK	ADDR	ess 25/3 /	MicHAEL	34 Lan	)E
1	CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT C	DUE TO, OI	R AS A CONSEQUE  R AS A CONSEQUE  ONTRIBUTING TO D  TION FOR WHICH	ENCE OF		157.4	NAL DISEASE OR CON	20b. IF YES	EN IN PART 116 5, WERE FINDIN YING CAUSES	IGS USED	_ = _
4	ERTIFI	21a. ACCIDENT WAS UNDERLYING	21b. TIME O	F INJURY		21c HOW INJU	RY OCCURRE	YES NO	YE	S 🗌	NO [	_
	MEDICAL C	OR CONTRIBUTING CAUSE OF DEA  (IF EITHER, NOTIFY MEDICAL EXAMINER  21d. INJURY OCCURRED  WHILE NOT WHILE AL WORK  AL WORK  SOW the deceased alive on,	HOUR A P.J. 21e. PLACE (AT HOME STR	M. MONTH DA M. DF INJURY EET, FACTORY, OFFICE, F	19 ARM, ETC }	21f LOCATION STREET	19	CITY OR TO	)WN	COUNTY		last
		abave, (I) (we) (did) (did nai 22b. SIGNATURE	i) view the body	ofter death		DEGREE ATT PH	FNDING	MEDICAL STA	FF . 4	22c. DATE		86
		22d. PHYSICIAN'S NAME (TYPE OF	DUSCH	~D		22e ADDRESS	F51	4				
	3	URIAL, CREMATION, REMOVAL  ORIGINAL  INFRALDIRECTOR	23b. DATE 4-25	-86 GA	RENT	EMETERY OR CRE	LITH	23d LOCATION CITY OR TOWN	BA 256. REGIST	COUNTY LTO RAR'S SIGNAT	10 · HI	<u>&gt;.</u>

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.



03490	1.	FOR STATE REGISTRAR		DEPARTN	STATE OF MA SENT OF HEALTH A CERTIFICATE	ND MENTAL HYG	GIENE 8 6	0.	1 3	4 8
oge 3 death		OR PRINT)  BAB	ichael	Boy Lee	WYAT	T	20. DATE OF DEATH	4 08	1986	26. HOUR 4-40A
ge 4 moy	3. SE:	MALE	4 RACE	Bal W	5. DATE OF BIRTH	3 1986	6 AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
leath. Paginneral dire		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OI	S A	0	VER MARRIED ST	BAL FO		F DEATH	MD.
s after d by the fur illed within	1	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME OR OTHER ADDRESS)		12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O		12b. KIND O INDUSTRY	F BUSINESS OR
hin 24 haur ily filled in should be f		AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTIONTY	136. CITY OR TOW		IDE CITY LIMITS?	13e STREET_ADDRESS	ZIP CODE		
ed within	14. FA	THER'S NAME FIRST  MIKE	MIDDLE	GRA	HAM 15 MOT	HER'S MAIDEN NA	MIDDLE		WYA	77
be execut an and co s. Pages 1		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES. GIV	MED FORCES? /E WAR OR DATES)	NONE	RITY NO. 17 INFO	SA WYA	ADDRI 477 1011	SS BR.	STOL	TENI AVE
is that the death certificated by the attending physical polyse remave carbon popurity, cremation, or remave, or other traumatic event,		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT (	DUE TO, (c)_	OR AS A CONSEQUE  OR AS A CONSEQUE	NCE OF	BABY	FAILURG		LINI GAOT I	
The law require ician.  Ite has been signing the print. Then prints there is the print. Then prints shows any injury.	CERTIFICATION	19a Date of Operation	196 CON	DITION FOR WHICH	OPERATION WAS P	PERFORMED	200 AUTOPSY?	20b. IF YES, VIN CERTIFYI	WERE FINDING CAUSES	
HYSICIAN: nding phys his certifica buriol-trai d Mental Hy or Item 18	MEDICAL CE	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEPLIE FEITHER NOTIFY MEDICAL EXAMINED AND CONTRED NOT WHILE NOT WHILE	ATH HOUR A	OF INJURY A.M., MONTH DA P.M. E OF INJURY STREET, FACTORY, OFFICE FA	19 21f LOC	CATION	RED (ENTER NATURE OF INJU		( OUNTY	STATE
OR ATTENDIN he haspital ar a DIRECTOR: Aft acched for use as Dept. of Health if Item 21 is mor	To all Confe	22a. I certify that (1) (this hasp: sow the deceased alive an above, (1) (we) (did) (did no 22b. SIGNATURE	it) view the boo		862 ond that in	a ATTENDING	death occurred on the d	FF	nd from the	
O HOSPITAL stoined by th O FUNERAL hould be det with the Stote	1		OR PRINT)	UNAMN	22e AD					

DHMH - 16 60M 7/84 (VRA 15, 4)

SURIAL PA FUNERAL DIRECTOR FUNERAL DIRECTOR
NAME
TOHN M. WEBER & SONS CHESTER

Rooty British Cemetery Bristol

Jenn.



8728 Liberty Road Randallstown, Maryland 21133

Garbansson- Marie

STATE OF MARYLAND

DHMH - 16 60M 7/B4 (VRA 15, 4)

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Loring Byard Stranger, Streetson, Spe.

70 6 18 1 to DAIR MANER CATE 

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME LAST 20 DATE OF DEATH MONTH LTYPE OR PRINTI 4 Robert Young David 3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE LIN YEARS LAST BIRTHDAY) MONTH YEAR DAY Male Black 31 TO BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED & NEVER MARRIED USA Baltimore city WIDOWED DIVORCED [ IB CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
144 Boarman Avenue (TYPE OF WORK FOR MOST OF WORKING LIFE) Baltimore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 3a. STATE 13b COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Md. Balto. 4044 Boarman Ave YES X NO [ 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST LAST MIDDLE MIDDLE Coleman Young 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS (YES NO OR UNKNOWN) LIF YES, GIVE WAR OR DATES! 251-56-6405 4044 Boarman Avenue Frances 18 CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO Hygi 21a, ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED | ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Mentol MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION STREET CITY OF TOWN AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) rked NOT WHILE 

22a. | certify that (1) (this hospital) attended the deceased from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

above, (1) (we) (did) (did nat) view the bady after death

saw the deceased alive an.

22b. SIGNA" DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 5-11.6 CAS(On 230 BURIAL CREMATION, REMOVAL 236 NAME OF CEMETERY OR CREMATORY 23b. DATE 23d LOCATION CITY OF TOWE STATE Burial 4/29/86 King Mem. Pk. Randallstown.Md. 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE William C. March F/H West 4300 Wabash Avenue

2b HOUR

12b. KIND OF BUSINESS OR

Westinghouse

21215

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

STATE

IF UNDER 24 HRS

23 1986

IF UNDER TYEAR

INDUSTRY

Davis

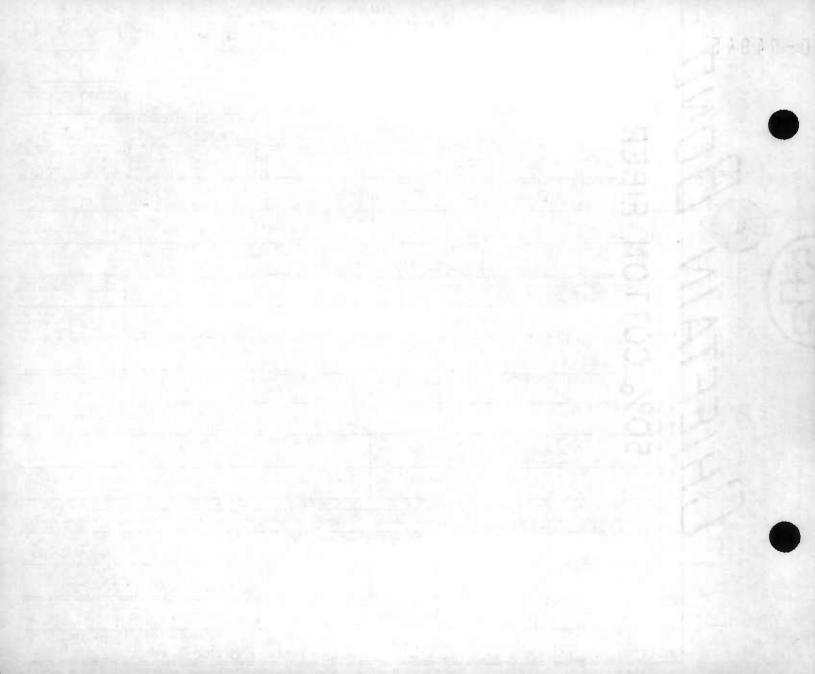
YES []

and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated

DIRECTOR

old be deto

DHMH - 16 60M 7/84 (VRA 15, 4)



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		1-	FOR STATE	DEPARTMENT O				a i	and Sala	5)
111-	05152		REGISTRAR	MEDICAL EXAMI	NER'S CERTIF	FICATE OF D		REG. NO.	() w	da
0 0	00102		CEASED NAME FIRST E OR PRINT)	WIDDLE	LAST	A COLOR	20. DATE KN	NOWN X MONTH	H DAY YEA	R 2b. HOUR
	May of Se	(14b	Grove	Bernard	Very	Jr	OF DEATH M	E211	27/19 8	36 M
	ACE SE	3: SE)		DATE OF BIRTH 6 AGE (IN	YEARS IF UNDER 1 YE	R. IF UNDER 24 H	IRS. 2c. DATE	HINOM	DAY YEA	
. 4	20002	m	Tale white	2-20-40 46	- morning barrs	HOURS MIN		ED	1 071 6	8:17
-10	ME SZO	12			YRS.			4/	27/19 8	
-	松茂や生命	70 B	RTHPLACE (STATE OR REIGN COUNTRY)	b. CITIZEN OF WHAT COUNTRY?	MARRIED W	NEVER MARRIED	BALTIMO	RE CITY OR COU	NIT OF DEATH	
•	2508	11	larylana	U.S.A.	WIDOWED [	DIVORCED		imore Cit	4	MD
	学生世界日本	10. C	TY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSING HO (IF NOT IN SUCH FACILITY, GIVE STREET ADDRES	ME, OR OTHER INSTI	ITUTION 12a	USUAL OCCUPA		OR INDU	BUSINESS
1	SOET S	1	Baltimore /	Provident Hospit	tal		POLICE	man	Balt.	City
4	SEASON L	USU	AL RESIDENCE (IF IN NURSING HOME C	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMI	ISSION)				217	84
130	多名が多いつ	177	Aruland Iscoun	roll Sivesvi	LLP YES C	- 1-0 E	STREET ADDRESS	avian	1 and	7'
. 0	# 000	MA E	ATHER'S NAME	TOLL DOKOST.		THER'S MAIDEN N	AME	UK ICU C	Ruce	4
2	H-1898///		FIRST	MIDDLE	5- 5	FIRST	MIDE	DLE	A L PAST	_
OR	SEX 50	14 -0	VAS DECEASED EVER IN U.S. AR	ernara yox,	OF. L	Jorothi	E	ADDRESS	Mile	2
W	SION SION	[Y	ES, NO, OR UNKNOWN) (IF YES, GIVE		goo i ma	DRMANT	21	ADDRESS	11 00	
BALTIMOR	₹ ≥ T US/		ues u	DI 214-36-	38911110	ugajet	YOX !	Sykesu	illein	0
3	288≯ F.Q		To CAUSE OF DEATH (Enter on	one cause per line far (o), (b), and (c).)		0	0		APPROXIM BETWEEN OR	ATE INTERVAL
Z	24 HOUR ITEM 18. CONG W PERMIT, SIENE, D		PART I DEATH WAS CAUSE	CAUSE (0) Arterioscl	lerotic Ca	rdiovascu	alar Dise	ease		
0	A PICAL SA			DUE TO, OR AS A CONSEQUENCE	E OF					
2	ER PER PER PER PER PER PER PER PER PER P		Conditions, if ony, which	4.5						
×.	WING WING WAIN		gove rise to immediate couse (a) stoting the under-	DUE TO, OR AS A CONSEQUENCE	E OF					
10	EXA EXA DN, O		lying couse last.	, serve, serve serve serve	201				5 m 30	
5.2	IND URI	-0	BART 2 OTHER CICNICICANT CONDITIONS	(c)						
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	IS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 INTRING THE WORD "PENDING". IN PENCIL IN ITEN REDED TO THE CHIEF MEDICAL EXAMINER ALONGE 3 SHOULD BE 1826 AS A BURIAL- TRANSIT PER TE DEPARTMENT OF HEALTH AND MENTAL HYGIEF 201 PRIOR TO BURIAL, CREMATION, OR REMOVAL	z	TAKE 2 UTACK SIGNIFICANT CONDITIONS	NTRIBUTING TO DEATH BUT NOT RELATED TO THE TI	ERMINAL DISEASE OR CONDI	ITION GIVEN IN PART 1 (c	11.			
Ŭ	- CALLA ANELLA	CERTIFICATION	IA DAYE OF OPENATION	In the second se						
N. A.	SHOULD ORD "PE CHIEF A E USED A T OF HE	CA	190. DATE OF OPERATION	196 CONDITION FOR WHICH OP	ERATION WAS PERFO	ORMED?			20 AUTOPS	5Y?
<u> </u>	SHOW THE SHO								YES X	NO 🗆
9	AEN	8	210 EXTERNAL CAUSE WAS	116. TIME OF INJURY HOUR A.M. MONTH DAY YE	AR 21c HOW INJU	JRY OCCURRED (E	NTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR F	ART 2)	
N	SET OUT A	3	UNDERLYING OR CONTRIBUTING CAUSE OF							
/ISI	ERTING ING SSHO PRICEPA	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME.				1111		
ě	WARDE WARDE PAGE 21201	X	WHILE NOT WHILE C	STREET, FACTORY, FARM, ETC.)	STREET		CITY OR TOWN	C	OUNTY	STATE
	HYNA E				[57]		7			
	A A S S S S S S S		22a. I certify that I took charg	of the remains described above, held on	Autopsy X,	Inspection	Inquiry L	, ond in my	pinion	
	MER REPER		death resulted from: Natur	causes X, Accident L,	Suicide, Hai	micide . U	ndetermined monr	ner,		
	CERT CERT WAR		ACTUAL	V I	TITLE	E (SPECIFY)				
	SHOW THE THE		SIGNATURE		M.D. A	ssistant,	MEDICAL EXAMIN	IER DATE	JED 4/2	29/86
	NEW SIL	/	EXAMINER'S NAME							
	TO MEDICAL EXAMINES EXECUTE THE CERTIFIC PAGE 4 SHOULD BE FOR DIRECT OF THE PAGE 1 WITH THE PAGE 1 WORK, WARVIA		(TYPE OR PRINT) Grac	ry R. Kauffman, M.	.D. ADDRESS	s	lll Penn	St.		
	PACT PACE BALL	23a. B	URIAL, CREMATION, REMOVAL 2	DATE 23¢. NAME OF C	CEMETERY OR CREMA	ATORY 23	d. LOCATION		(INTV	CTATE
07/84	BP	(:	BURIAL	4-30-86 Lake	View Ces	meters	Elders	burg 8	arroll	mo
25M		24. F	JNERAL DIRECTOR			250. DATE REC'E	D. BY REGISTRAR	256 REGISTRAR'S	SIGNATURE	
	DHMH - 17 (VR A15 ME (5))	L	JAIGHT EINE	PDI LIONE SILL	55111115 M	APR	2 9 1986	Julia Davide	ion-hande	
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## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REG. NO.	

00-04434	'	STATE REGISTRAR			CERTIF	ICATE OF DEATH	O O REC	G. NO.	1 0	20
		CEASED NAME FIRST		MIDDLE	. 1	AST	2a. DATE OF DEAT	Н монтн	DAY YEAR	2b. HOUR
by be oge 3 deoth			IID	Leri	toky		April		1986	803AM
ge 4 moy ector. pog	3. SE	Male	Whi	te	S. DATE C		6. AGE (IN YEARS LA		MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
2 To 2 X 20 C		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE		9. BALTIMORE CIT	_		
deoth deoth		MARYLAND	USA		WIDOWE	VV	BALTIM	ORE CIT	ΓY	MD
23 2/		TY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	(TYPE OF WORK FOR MI	ANON STOF WORKING	12b. KIND O	F BUSINESS OR
- 0		BALTIMORE		nai Hos		of Batto	#XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	hyprine ki	INST	ALLMENT
SALTIMORE, MARYLAND 21201  cote be executed within 24 hours of  yisicion and completely filled in by 1  opers. Pages ond 2 should be filled  wol.  11, the medical examiner must be notified.	130. 5	vary and X	WE OR OTHER INSTITUTION OUNTY XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	13c. CITY OR TOW		13d INSIDE CITY LIMITS? YES NO [	13e STREET ADDRE	SS / ZIP COD	# Rd.	21215
RYL within	14. FA	THER S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN NA FIRST	ME	DIE	LAS	ī
MAR B		CHAIM		ITSKY		RIFKA			ARKOFF	7151
MORE, n ond co Poges			S, GIVE WAR OR DATES)	16b. SOCIAL SECT		17 INFORMANT		DDRESS	101 -	21215
be o rs. Po rs. Po m		YES W	WII-ARMY	217-07-6	5042	Howard Ze	KIDLY	4235		inth Ro
: # # G G E		18. CAUSE OF DEATH (Enter PART I. DEATH WAS CA		Cardiac	Anc	șt			BETWEEN	MATE INTERVAL ONSET AND DEATH
			DUE TO, C	R AS A CONSEQU		e			0.	111
deor deor offer nove		Conditions, if any, which		Gareral	SEP	515			di	thrs.
ot W. PRESTON  that the death ce d by the attendin lease remove corb lease remove corb iol, cremation, or or other traumatic		couse (a), stating the	DUE TO . C	R AS A GONSEQU	ENCE OF					
201 W			(c)	Cholecy	54715	NOT RELATED TO THE TERM				
bs, sign hen problem to bury,	Z	Luca Con	NI CONDITIONS C	ONIKIBUTING TO	inta L	hor related to the term	INAL DISEASE OR (	ONDITION G	IVEN IN PART 16	3,
ECOR report reprior only it	CERTIFICATION	190 DATE OF OPERATION	196 CONE	OITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		S, WERE FINDIN	
TALRE lo icion. The lo icion. The los icion. The los icion.	THE						YES NO		IFYING CAUSES 'ES []	NO [
J OF VITAL R SICIAN: The I ng physicion. certificote has ricl-transit pe ental Hygiene ental Hygiene	E.	21a. ACCIDENT WAS UNDERLYING	110110 4		AY YEAR	214 HOW INJURY OCCUR	RED (ENTER NATURE OF	INJURY IN ITEM 18	PART I OR PART 2)	
ON OF ITYSICIA ding pt ding pt s certifi buriol-1 Mentol	3	OR CONTRIBUTING CAUSE C	PEATH	.M.	19					
//SION	MEDICAL	21d. INJURY OCCURRED		OF INJURY	FARM, ETC.)	211 LOCATION STREET	CITY	OR TOWN	COUNTY	STATE
DIVISION OF OF OFFICE SECUENCE OF THE OFFICE OF THE OFFICE O	1	AT WORK NOT WHILE AT WORK			0.10			1	177	
57 (1)		220.1 certify that (1 this )		he deceased from_	3/3		, to	7		that (1) we lost
R ATTEN hospitol RECTOR RECTOR red for und Human			d not) view the body		, ,	DEGREE	dedili decorred diri	ie date ond no	22c. DATE	
		14/1	B. San-			ATTENDING	MEDICAL DIRECTOR PH	STAFF	4/1	/KK
50 6 15 2		224 DAY CAP S NAME (	YPE OR PRINTS			22e. ADDRESS	J DIRECTOR PA	TSICIAISE	10/11	/
TO HOSPITAL eroined by 1 TO FUNERAL should be de with the Stott		Veft	rey Kone	2		Sinai Ho	spital of	Bakame	ve	
7 5 5 2 3 K	23a. E	URIAL, CREMATION, REMO			•	EMETERY OR CREMATORY	23d. LOCATION	/N	COUNTY	STATE
BP		DUKTAL	APR.	13,1986	OHER	YAKOV	BALTIN	10RE	MARY	LAND

DHMH - 16 50M 4/83 (VRA 15, 4)

SOL LEVINSON & BROS., INC.

RSTOWN RD PALTO 74 FUNERAL DIRECTOR SOL LEVINSON & BROS.,.
6010 REISTERSTOWN RD. BALTO., MD

APR.13,1986

21215

MARYLAND

25b. REGISTRAR'S SIGNATURE



injury, or other traumatic event, the

should be detached for use as the burial-transit permit. Then please remave c with the State Dept. of Health and Mental Hygiene prior to burial, cremation,

MPORTANT: If Item 23 is marked or Item 18 shaws

0-0539

FOR

STATE OF MADVIAND

DE

PARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE B REG.	 NO.	1	3	ä
rank Ziemski	20 DATE OF DEATH	MONTH	DAY READ	YEAR 86	26 HOUR

ı		REGISTRAR		CERTIFICA	ATE OF DEATH	REG. NO	D. 4 \$	1 0	2 7
Ì	DEC	EASED NAME FIRST	Leopold MIDDLE Fran	& LAST	Ziemski	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
Į,	/	Leap	00	Sie	uslei	4	1 30	86	5 33 AM
T	I. SEX	0	4 RACE	5. DATE OF BI	RTH	6. AGE (IN YEARS LAST BIRT		DERIYEAR	IF UNDER 24 HRS
Į.		Male	White	MONTH	20 17	68 XXX	YRS.		HOURS MIN.
I		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED [	NEVER MARRIED	9. BALTIMORE CITY O		DEATH	
1		Maryland	U.S.A.	WIDOWED	DIVORCED	Baltimore	9 0		MD.
		Baltimore	11. NAME OF HOSPITAL, NURSING HIS NOT IN SUCH FACHTY, GIVE STREET FRANCES SCOTT	Rey Medi		170. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF RETIRED		b. KIND O DVETRY	F BUSINESS OR
	130, S	AL RESIDENCE (IF NURSING HOME OF TATE 13b. COUR ryland	ROTHER INSTITUTION GIVE RESIDENCE BEFOR NTY 136. CITY OR TOW Battin	ore 13d		13 STREET ADDRESS / 925 South	ZIP CODE Linton	Stre	et 21224
	4 FA	THER'S NAME Julius	AIDDLE Ziemski	15.	MOTHER'S MAIDEN NAM	MIDDLE MIDDLE		LAS	т
I		VAS DECEASED EVER IN U.S. AR			Stanley Ziem	ADDRE ASKi 67362 L		ve. 2	2/222
ľ		PART I. DEATH WAS CAUSE			srest.				MATE INTERVAL DNSET AND DEATH
ı		IMMEDIA	DUE TO, OR AS A CONSEQU		V/E3)		F. 7.		7.
۱		Conditions, if ony, which gove rise to immediate	( 1b) Ureu	100,	sepsis				
ı		couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQU	ENCE OF				(27)	
l	NO	PART 2. OTHER SIGNIFICANT (	CONDITIONS CONTRIBUTING TO	DEATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE OR CONI	OITION GIVEN I	V PART 110	
	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION W	AS PERFORMED	20a AUTOPSY?	20b. IF YES, WE IN CERTIFY INC	RE FINDING CAUSES	OF DEATH?
1		21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA		AY YEAR	CHOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I	OR PART 2)	
I	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	/ 21	LOCATION STREET	CITY OR TO	WN (	COUNTY	STATE
ı			ital) attended the deceased from 4/30/86 19	3/27/8	not in (mg) (our) opinion d	enth occurred on the do			tho (We) lost
ı	-	obove, (1) (we) (did) (did no	ot) view the bady after death.	DEG				22c. DATE	
ı		lulis		14	ATTENDING PHYSICIAN	MEDICAL STAF	F .	4/	30/80
1	73.	22d PHYSICIAN'S NAME (TYPE C	OR PRINT)	22	e ADDRESS				
ļ		MARKE SI			FSIEM		10 Eac	Here	1/20
		URIAL, CREMATION, REMOVAL			TERY OR CREMATORY	23d LOCATION	) , , , , , , , ,	INTY	STATE
1	74 E1	Burial	)-j-00	acred He		Dundalk C	alto o	Md.	HOE
			r & Son Inc. 901	50.1	1. C.MAY	2. 1986 A	SIL REGISTRAR	MANUAL	JANO
F	0	3,200	c a Joil Jile. 901	J. Onk	ung Stillia	2 1000			

DHMH - 16 60M 7/84 (VRA 15, 4)

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH  I. DECEASED NAME LEGIS REGISTRAR  I. DECEASED NAME LIPE OF DEATH BATOSITIA
REGISTRAR  1. DECEASED NAME Leona Barbara Zimmerman  1. DECEASED NAME Leona Barbara Zimmerman  20. DATE OF DEATH MONTH DAY YEAR 126. HOUR  4 15 86 43  5. DATE OF BIRTH  MONTH 3 5 1918  6. AGE (INYEARS LAST BIRTHDAY)  Female  White  1. S. DATE OF BIRTH  MONTH 3 68 YRS.  MONTHS DAYS HOURS MIN.  MONTHS DAYS MIN.  MONTHS
The order of prints and the state of foreign of the first invitation of the ristingtion o
4 RACE  White  W
Female  White  S. Date of birth  Month  Bay  1918  6. AGE (IN YEARS LAST BIRTHDAY)  FUNDER 1 YEAR IF UNDER 24 HES  MONTHS  DATS HOURS MINE  18 HITHMACE (STATE OR FOREIGN TO CITY OR COUNTRY)  Maryland  FOR CUTY OR COUNTRY OF DEATH  WIDOWED DWORCED DWORCED  FOR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  (IF NOT IN SUCH FACHTY, GIVE SIREFI ADDRESS)  BALTO  FOR TOWN  SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADDRESS)  134. COUNTY  Baltimore  Dundalk  136. INSIDE CITY LIMITS?  YES TO NO DESTRIBED ADDRESS / ZIP CODE  A 120.  THOMEWAY  A 120.  T
Female White 3 5 1918 68 YRS.    STATE OF FOREIGN   76. CITIZEN OF WHAT COUNTRY?   8.   MARRIED   MEVER MARRIE
Maryland    Maryland   Modern
BALTO FLANCII DE ATT KEE MEDICAL (FIND STREET ADDRESS)  FLANCII DE ATT KEE MEDICAL (FIND STREET ADDRESS)  USUAL RESIDENCE (IF NURSING ROME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)  130. CITY OR TOWN  130. INSIDE CITY LIMITS?  130. STREET ADDRESS / ZIP CODE  BALTIMORE  DUNDALK  YES 10 NO 1 2 470 Keyway 2 122
USUAL RESIDENCE (IF NURSING ROME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 134. INSIDE CITY LIMITS?  130. STREET ADDRESS / ZIP CODE  Baltimore Dundalk YES NO D 2470 Keyway 2 122
Baltimore Dundalk YES V NO 1 240 Keyway 21226
George Falkenhan Anna Weber
160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS
(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 2/2 097494 Richard A. Zimmerman (same as 13e.)
T AMPONEUT BUTTON
18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  CAUSE (a)  CAUSE (b)  CAUSE (c)  CAUSE (c)  CAUSE (c)  CAUSE (c)  CAUSE (c)  CAUSE (c)
DUE TO, OR AS A CONSEQUENCE OF
Conditions, if ony, which (b) Starth arrens seps, standacardin
couse (o), stating the underlying couse last.
(c)
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 706 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO 1  216, ACCIDENT WAS UNDERLYING 216, TIME OF INJURY 10 TIME OF INJURY NEED 10 TIME OF INJURY IN ITEM 18 PART 1 OR PART 2)
IN CERTIFYING CAUSES OF DEATH?
YES NO YES NO
OR CONTRIBUTION CONTRIBUTION OF DEATH HOUR A.M. MONTH DAY TEAK
(IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19
(IF EITHER, NOTIFY MEDICAL EXAMINER)  P.M.  19  216. PLACE OF INJURY  (IA HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  STREET  CITY OR TOWN  COUNTY  STATE
WHILE NOT WHILE AT WORK AT WORK
220.1 certify that (1) (this haspital) attended, the deceased from 2115 19 86, to 91/5 19 86, that (1) (we) la
sow the deceased alive an 19 19, and that in (my) (our) opinion death occurred on the date and hour and fram the causes stated
obove, (I) (we) (did) (did not) view the body after death.  77b. SIGNATURE  DEGREE  72c. DATE SIGNED
ATTENDING MEDICAL STAFF - CLITICAL
THIS CALL DIRECTOR STREET
Karan Wood MD FSKMC
236 BURIAL, CREMATION, REMOVAL 236, DATE 231, NAME OF CEMETERY OR CREMATORY 236, LOCATION
Burial 4/19/1986 Sacred Heart of Jesus Dundalk, Baltimore, Mary
CITY OR TOWN COUNTY STATE

